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Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1951

A. ELLIOTT, M.D., D.P.H.
County Medical Officer of Health

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KENT COUNTY COUNCIL

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HEALTH DEPARTMENT,
COUNTY HALL, MAIDSTONE.
September, 1952.

To the Chairman and Members of the Kent County Council.

In presenting my Annual Report for the year 1951 I have widened the scope of the Report so as to cover not only the work done by the County Health Department in its primary field of the health services but also the work carried out by the Department in connection with services provided under the National Assistance Act, 1948. One effect of this integration of work under the National Assistance Act has been to promote a closer association of the various health and welfare services in which the general public has, in any case, considerable difficulty in distinguishing departmental responsibilities when a more loosely co-ordinated system of County administration is adopted. Another important effect of this association has been to bring into sharp relief the increasing problems concerning the care and welfare of old people in respect of whom the dividing line between "health" and welfare considerations must inevitably become blurred with the increasing widening of the public responsibility accepted in such fields.

The vital statistics in the main body of the Report show that the birth rate of 14.9 is lower than the previous year, when it stood at 15.0 and again shows a decline from the figures in 1949 and 1948 which were, respectively, 16.5 and 17.8. The infantile mortality rate, that is the deaths of infants under one year expressed in terms of each 1,000 live births, was 27, which is a satisfactory figure, particularly when compared with the figure of 140 fifty years ago. The death rate for 1951 was 11.9 as compared with 11.4 for 1950 although the cancer death rate for the latter year was 1.94 compared with 1.92 for the year under review. The small decline in this latter figure does not appear to have any real significance and cannot be taken to indicate that medical science has yet found the key to the causation and cure of this disease. It is, however, encouraging to record that for 1951 the death rate from respiratory tuberculosis was .27 as opposed to .30 for the year 1950.

I have already referred to the fact that the close association in the Health Department between the administration of National Health and National Assistance functions has, amongst other matters, focused attention upon the care of old people. An inevitable corollary to the decline in the birth rate since the end of the war is that in the near future the number of adults available for productive work and for recruitment to social services will be correspondingly reduced. At the same time, the improvement in the general health and wellbeing of the nation means that the average age of the population is steadily rising. Fifty years ago the average age of the population was just over 27 years but this has steadily risen until today it is 36 years. One hundred years ago there was only one person over 65 for every 13 of the working population. Today there is one person over the age of 65 for every six of the working population and by 1977 that figure will be one in four. This position can be re-stated in a different way by using gross numbers since whereas in 1861 there were one million people in the population over the age of 65, there will be at least six million of that age by 1977.

Active consideration is now being given to keeping older people in employment but even so the numbers of old people who will require some form of care and looking after by the younger members of the community must inevitably increase. The availability of persons of working age in the community now and during the next few decades is therefore a matter of prime importance. Today there are some 23 million people working in this country, which is 2 million more than in 1939. Of this increase, just over half are women, representing an increase of 20% in the number of women employed since 1939. Of the 1 million increase in the number of women employed since before the war, the professions have absorbed 160,000, mainly in the education and health services, and of this number half the increase has taken place in the nursing and midwifery professions. These professions numbered 160,000 in 1939 and now total 240,000. Whilst, therefore, there has been a 20% increase in the number of women employed since 1939, it is the case that in the field of nursing and midwifery the increase has been 50%. According to the Ministry of Health, the country is still some 29,000 nurses short and it must be asked whether in present circumstances it is possible to recruit to fill these vacancies, with the consequential effect that fewer women will be available for productive work and the other social services. The question therefore arises as to whether enough consideration is given to the deployment of both men and women in the whole of the health services and whether the best use possible is made of the numbers that are now available and are, even more important, likely to be available in the near future. The fact that over 1 million more women are now employed than was the case in 1939 inevitably means that the extent of home care that can be given to the aged is less than it used to be, yet it cannot be disputed that without the continued employment of women on the present scale, the industrial and social economy of this country cannot continue. It seems to be inevitable that while preventive and clinical medicine do much to lengthen the individual's working life, the primary task of the working population must be towards ever expanding production and that casualties in the ranks of the old, whether from sickness or the more usual factors of senescence, must be decreasingly the responsibility of family units and increasingly the responsibility of the community. I have referred at some length to the unchangeable factors of population distribution and it seems inevitable that in one form or another more accommodation and services are going to be needed for old people and that stabilisation of bed figures in homes for old people and hence of expenditure is unlikely to be achieved.

It must be emphasised that health is not primarily a matter of medical and nursing services. For a community to be healthy there must be available adequate food, shelter and warmth, yet in this country half the food we require, even at the present levels of consumption, has to be brought from overseas and has to be paid for in goods and services which the nation provides for those who grow and send that food. In studying the future prospects facing the nation, it may be doubted if

the full inferences are drawn from the inescapable factor that over the next decade the number of younger people in the working population will fall while the number of elderly people in the population will rise. It is against this background that the present restriction of money, both at a national and local level, that is available for the health services needs to be studied. Increased expenditure on the health services necessarily implies a larger recruitment of men and women and a larger supply of resources. As I have pointed out, the availability of men and women for work is governed by the birth rate of eighteen to thirty years ago, while the resources of the country arise directly from the efforts of those engaged in productive work and agriculture.

The long history of the development of British social services has been a proud one and no one would wish to see either the rate of expansion of existing services fall well below the level of revealed need or the development of new services to meet new needs not being commenced; yet the inescapable conclusion is that expansion can only proceed at a rate that is eventually paced by the development that is within the capacity of the national economy. Where, as at present, some restriction has needed to be placed on the expansion of certain services, notably of course in the hospital and specialist field, the basic causes of that restriction should be recognised. It is often argued that where the necessity arises to consider slowing down the expansion of a service or the restriction of an existing one, the cure should be found in a reduction of administrative expenditure. This argument, however, ignores the fact that the purpose of administration is to see that a particular service is, when provided from public funds, available to those who need it according to the extent of that need. Administration can be defined as the reconciliation of the practical with the theoretically desirable and when some restriction of a service has to be undertaken, then the purpose of administration is to see that the effects of the restriction are applied in such a way as to ensure that any hardship that arises is limited, so far as possible, to the actual necessities of the situation. Thus criteria drawn solely from financial aspects of a situation, cannot to the administrator be the last word. Any reduction of services represented by a reduction in global figures must be broken down by him into a series of decisions on details so as to secure that the reduction in any service is applied with the greatest possible equality of treatment of individuals presenting the same general demands.

It will be appreciated that of all the Departments of the Council the Health Department, so far as the management of health services is concerned, is in a unique position. This is because, in the provision of a National Health Service, the Council is a third partner, the other two partners being the Regional Hospital Board with its associated Hospital Management Committees, providing hospital and specialist services, and the Executive Council providing general medical, dental, pharmaceutical and ophthalmic services. By virtue of this partnership, the Council's Health Committee is not able itself to impose limits as to the demands made on certain of its services. This particularly applies to those services intimately related to the activities of the other partners discharging functions under the National Health Service Act.

For certain services, for example, the County Ambulance Service and the Home Nursing Service, the demands made are occasioned by factors beyond the control of the Council; so, in the case of the County Ambulance Service, the number of patients carried continues steadily to increase. Apart from the provision of ambulances for accidents and emergencies, practically all the requests made for journeys come from hospitals and general medical practitioners and it should be said here that there is no real evidence that the service is being used to carry patients who could use public transport. Reference is made in the Report to the steps that have been taken to provide the County Ambulance Service with altered forms of administration designed to promote maximum efficiency and economy, notable illustrations of this being in the reduction of the number of manned stations and the increasing use of radio telephonic communications. It is a notable fact that an analysis made of the records for one quarter of the year under review showed that the average time over the whole County for an ambulance to answer an emergency call was 6.7 minutes.

The Council's Home Nursing Service provides nurses for the care of patients who need such attention in their own homes and it is administered on the basis that apart from visits made following accidents and emergencies, such attention is only provided under the direction of the patient's own medical practitioner. It is interesting to note that while the figures as to the use of the County Ambulance Service show the increasing use made of the hospital service, particularly for attendance at out-patient departments, the demands made upon the Home Nursing Service also continue to rise. In 1950 the Home Nursing Service attended 28,975 patients, paying 621,928 visits, but in 1951 these figures had increased to 29,849 patients with 683,539 visits. The increasing complexity of medical treatment and the introduction of new therapeutic agents necessarily mean that in many cases the amount of nursing care that individual patients need is greater than it has been in the past and these facts, coupled with the increased number of patients attended, make heavier demands upon the staff available.

The Report includes a classification of the births in Kent showing where they took place and illustrates the fact that the proportion of births taking place in hospitals continues to increase and is more than 50%, which is suggested as appropriate by the Minister of Health. At the end of the year approximately 39% of all births in Kent took place at home, 5% in nursing homes and nearly 56% in hospitals. The latest available figures show that this trend continues and at the time of writing the proportion of hospital births has risen to 57.3% and the proportion of births taking place at home has declined to 37.8%. I have referred in the Report to certain considerations that arise as a result of these happenings and reference can be made here to the difficulties that arise in providing adequate domiciliary experience for the training of pupil midwives.

I would again wish to place on record my appreciation of the kindness and consideration shown to me by Members of the Council and also place on record my thanks to the whole of the staff of the Health Department for their work during the year 1951.

A. ELLIOTT.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General's estimate of the population of the Administrative County at the middle of 1951 was 1,549,360 : and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County : and from that Table it will be seen that 1,225,800 persons were resident in the urban areas, and 323,560 in the rural districts. The increase in the population of the County was 12,590, as compared with an increase of 16,550 in the previous year.

These figures give densities of population of 1.60 per acre in the county as a whole : and 6.44 per acre in the towns and 0.42 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 33.0 in *Penge Urban* and 0.3 in *Lydd Borough*, and in the rural districts 1.11 in *Dartford Rural* and 0.15 in *Romney Marsh Rural*.

The total population figures for the past ten years are set out in the following tabulation, the figures being those of the Registrar-General's estimate in each year :—

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Urban Districts	896600	897500	887460	953610	1091200	1136020	1171476	1205772	1220418	1225800
Rural Districts	274700	271900	266890	267800	288110	297190	307554	314448	316352	323560
County ...	1171300	1169400	1154350	1221410	1379310	1433210	1479030	1520220	1536770	1549360
Increase or decrease	+2900	— 1900	—15050	+67060	+157900	+ 53900	+45820	+ 41190	+16550	— 12590

The following tabulation shows the percentages of population in urban and rural districts respectively, set out in three five-yearly periods to show the gradual change in allocation which is taking place :—

Year	Urban	Rural	Year	Urban	Rural	Year	Urban	Rural
1927	70.4	29.6	1937	79.5	20.5	1947	79.2	20.8
1928	70.2	29.8	1938	79.6	20.4	1948	79.3	20.7
1929	71.0	29.0	1939	79.8	20.2	1949	79.3	20.7
1930	71.4	28.6	1940	76.5	23.5	1950	79.4	20.6
1931	71.5	28.5	1941	75.5	24.5	1951	79.2	20.8
Five-year average	71.1	28.9	Five-year average	78.3	21.7	Five-year average	79.3	20.7

BIRTHS.—The births of living children, registered during 1951, totalled 23,002—an increase of 93 on the total for the previous year. Male births numbered 12,009, female births 10,993.

The birth-rates for the year were 14.7 in the urban districts, 15.5 in the rural districts and 14.9 in the county as a whole. The slight fall in the county rate was wholly due to the fall in the rural districts—the urban rate remained unchanged.

The following figures are quoted for comparative purposes :—England and Wales, 15.5 : 126 great towns, 17.3 : 148 smaller towns, 16.7 : London, 17.8. The first two figures show decreases, the remaining two are the same as in the previous year.

The figures for Kent for the past ten years are as follows :—

Year.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Urban Districts ...	17·9	18·6	20·3	18·5	21·4	21·7	17·6	16·3	14·7	14·7
Rural Districts ...	17·0	17·4	19·2	17·1	20·6	21·5	18·6	17·4	16·1	15·5
Whole County ...	17·7	18·3	20·1	18·2	21·2	21·6	17·8	16·5	15·0	14·9
Percentage Illegitimate	5·50	6·06	6·88	8·28	6·20	5·03	5·27	4·79	4·81	4·56
England and Wales ...	15·8	16·5	17·6	16·1	19·1	20·5	17·9	16·7	15·8	15·5

The numbers of births, and the birth-rates, in each sanitary district of the county, are set out in Tables 2 and 3 at the end of this report.

The excess of births over deaths was 4,590—2,577 males and 2,013 females : and the varying margin of this excess of births over deaths during the ten years 1942-1951 is shown below :—

1942	5,905	1947	13,691
1943	6,288	1948	10,439
1944	7,663	1949	7,298
1945	7,123	1950	5,543
1946	12,999	1951	4,590

The marked upward swing of the birth-rates in the post-war years, compared with the comparatively stationary death-rates, is clearly reflected in these figures.

The percentage of illegitimacy is now showing definite signs of returning to the pre-war average level.

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly more than 109 males to 100 females.

STILL-BIRTHS.—The number of still-births recorded during the year was 497—27 more than in the previous year. This number represents a proportion of 21·2 per thousand of all births in the County.

The *rate* of still-births (per thousand of the population) was 0·34 in urban and 0·28 in rural districts, and 0·33 in the county as a whole. This proportion may be compared with the rates for England and Wales (0·36), the 126 great towns (0·45), the 148 smaller towns (0·38) and London (0·37).

The number of still-births in each sanitary district of the county is shown in Tables 2 and 3 at the end of this report.

Although the proportionate figure shows a small increase (21·2 as against 20·2 in the preceding year) this rate is still well below past averages.

INFANTILE MORTALITY.—(Rate of deaths among children under twelve months of age per thousand live births).

There were 607 deaths of infants under one year of age in Kent during the year. This is an increase of 28 as compared with the previous year, and represents an infantile mortality rate (per thousand live births) of 27.

These deaths of infants formed 3·30 per cent of the total deaths at all ages.

The following figures show the records for the administrative county, and for England and Wales, during the past ten years, and show also the comparison of the rates among legitimate and illegitimate infants —

Year.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Urban Districts ...	42	41	47	38	34	34	26	26	26	27
Rural Districts ...	43	37	42	30	32	38	26	30	25	27
Whole County ...	42	40	46	37	33	35	26	27	26	27
England and Wales ...	49	49	46	46	43	41	34	32	30	30
Legitimate (Kent) ...	41	39	44	35	33	35	26	27	26	26
Illegitimate (Kent) ...	71	60	74	58	38	48	32	30	29	36

The rates in the different sanitary districts will be found in Tables 2 and 3 at the end of this report : and Table 8 shows the causes of death in children under one year of age.

In the urban districts the rates ranged between *nil* in *Queenborough Borough and Tenterden Borough*, and 53 in *Lydd Borough*: and in the rural districts between 12 in *Eastry Rural* and 48 in *Romney Marsh Rural*.

The following table is designed to show, in a different form, the improvement in infantile mortality by setting out for certain years the percentage of the County districts with infantile mortality rates as shown in the headings:—

Year	Under 25 per thousand	25-50 per thousand	50-75 per thousand	75-100 per thousand	Over 100 per thousand
1908	3.1	10.7	20.0	47.7	18.5
1910	6.1	4.6	27.7	49.3	12.3
1920	1.5	35.4	52.4	10.7	—
1930	10.8	60.0	21.5	6.2	1.5
1940	5.4	53.6	35.6	5.4	—
1950	41.0	59.0	—	—	—
1951	39.3	57.1	3.6	—	—

The county rate is again represented by a very low figure: and the following tabulation shows the reduction (by ten-year periods) since the inauguration of the County Health Department in 1908 :—

Ten-year period	Average number of live births per year	Average number of infant deaths per year	Average rate of infant mortality per year
1908—17	21,187	1,756	82.9
1918—27	19,530	1,142	58.5
1928—37	18,325	884	48.3
1938—47	22,573	883	39.2
1948	26,258	674	25.7
1949	24,546	645	26.3
1950	22,909	579	25.3
1951	23,002	607	26.4

As mentioned above, the causes of death among infants are set out in Table 8 at the end of this report : but, in addition, the following table will be found of interest as showing deaths by cause in each of the past ten years.

Table to show the allocation of deaths to causes, in children under one year of age, during each of the past ten years.

Causes of Death	Deaths under One Year of Age									
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Whooping Cough	17	14	11	10	9	16	15	7	4	7
Cerebro-spinal Fever	5	6	3	3	1	7	—	4	1	1
Diphtheria	1	2	—	1	2	1	—	—	—	—
Tuberculosis—Respiratory	3	1	1	1	1	2	1	1	—	—
—Other Forms	8	8	6	7	9	8	8	2	2	5
Syphilitic Diseases	1	1	3	—	3	4	4	1	1	—
Influenza	3	8	3	—	7	4	3	5	3	4
Measles	—	8	1	4	1	4	—	1	—	1
Acute Poliomyelitis and Polio- encephalitis, Acute Infectious Encephalitis	—	—	—	—	—	4	4	3	—	—
Malignant Neoplasm—all sites	1	1	1	3	2	1	2	4	1	1
Intercranial Vascular Lesions	—	1	2	2	—	—	—	1	—	—
Heart Disease, Diseases of Circu- latory System	—	—	1	—	—	—	—	1	—	1
Bronchitis	35	20	33	17	21	15	11	4	5	11
Pneumonia	115	113	134	126	117	182	84	96	76	75
Other Respiratory Diseases	1	2	4	3	6	5	1	5	5	3
Ulcer of Stomach or Duodenum	—	—	—	—	1	1	—	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases... ..	92	116	172	99	111	138	52	52	23	22
Nephritis and Nephrosis	1	—	1	—	—	1	2	2	1	1
Premature Birth, Congenital malfor- mations, other defined and ill- defined diseases	519	475	582	457	615	615	429	413	429	442
Violence	18	26	37	36	23	31	37	19	26	28
All Other Causes	47	38	46	37	33	36	21	24	2	5
All Causes	867	840	1,041	806	962	1,075	674	645	579	607
Infant Mortality Rate	42	40	46	37	33	35	26	27	26	27

The following further analysis shows comparative rates of infant mortality, by cause, in certain five-year periods from 1908 :—

	Whooping Cough	Tuberculosis, Respiratory	Tuberculosis, Other	Influenza	Measles	Bronchitis	Pneumonia	Diarrhoea etc.	Premature Birth, Congenital malformations, etc.	All other causes	All causes combined
1908-1912	3.65	—	2.63	—	1.13	6.80	6.03	13.17	21.01	31.58	86
1913-1917	2.94	0.12	2.10	0.10	1.23	6.13	7.75	9.16	25.45	24.54	80
1928-1932	1.61	0.13	0.84	0.51	0.55	2.12	6.61	4.06	24.78	8.47	50
1933-1937	1.16	0.06	0.52	0.54	0.18	1.28	6.52	4.00	26.47	6.20	47
1938-1942	0.81	0.08	0.47	0.25	0.10	1.34	5.91	3.20	24.38	4.65	42
1943-1947	0.48	0.05	0.30	0.18	0.15	0.84	5.31	4.49	21.65	3.86	38
1948	0.58	0.04	0.31	0.12	—	0.42	3.20	1.53	16.34	3.17	26
1949	0.29	0.05	0.09	0.21	0.05	0.17	3.92	1.96	16.83	2.78	27
1950	0.18	—	0.09	0.14	—	0.22	3.32	1.01	18.73	1.66	26
1951	0.31	—	0.22	0.18	0.05	0.48	3.27	0.96	19.22	1.74	27

In analysing the causes of infantile mortality, the largest group of deaths (as would be expected), is attributable to congenital debility, malformations, premature birth, etc. The following table has been constructed to show the great improvement that has been achieved in this direction—the figures being arranged for each of the last twenty years, with (for comparison) an average figure taken from an 'unselected' twenty years previous to 1932 :—

Year	Live Births	Deaths of infants from congenital debility, malformations, premature birth, etc.	Death-rate per thousand live births
Average of twenty years, during period previous to 1932	20,030	608	30.35
1932	17,725	458	25.84
1933	17,514	466	26.61
1934	18,393	518	28.17
1935	19,087	488	25.57
1936	19,534	489	25.04
1937	20,044	542	27.05
1938	20,666	533	25.80
1939	21,080	488	23.15
1940	19,715	493	25.01
1941	17,623	399	22.65
1942	20,709	519	25.07
1943	21,355	475	22.25
1944	23,094	582	25.21
1945	22,198	457	20.59
1946	29,193	615	21.07
1947	30,928	615	19.89
1948	26,258	429	16.34
1949	24,546	413	16.83
1950	22,909	429	18.73
1951	23,002	442	19.22

DEATHS.—The net number of deaths registered in the county during 1951 was 18,412—an increase of 1,046 on the total for the previous year. Male deaths totalled 9,432, female deaths 8,980.

Crude death-rates were 12.0 for the urban areas, 11.8 for the rural districts and 11.9 for the whole county; and in each case the figures show an increase on those recorded in the previous year.

The following tabulation shows the rates recorded in Kent over a period of ten years, and the rates for England and Wales are added for comparative purposes :—

Year.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
Urban Districts ...	12.7	13.0	13.5	12.5	11.7	12.0	10.7	11.6	11.3	12.0
Rural Districts...	12.5	12.6	13.2	12.1	12.1	12.4	10.8	11.8	11.4	11.8
Whole County ...	12.7	12.9	13.4	12.4	11.8	12.1	10.7	11.6	11.4	11.9
England and Wales ...	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in the tables at the end of this report.

The same tables show, also, the 'comparable death-rates' which are calculated in respect of each district, by applying to the crude death-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

The causes of death in order of importance, show little variation from year to year, and the following table shows the order of the principal causes in the last three years, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes :—

Cause of death	1949			1950			1951		
	Number of deaths	Death rate	Percentage to the total number of deaths from all causes	Number of deaths	Death rate	Percentage to the total number of deaths from all causes	Number of deaths	Death rate	Percentage to the total number of deaths from all causes
Heart Disease ...	5,529	3.72	32.1	6,032	3.93	34.8	6,229	4.03	33.9
Cancer (all sites)	2,830	1.91	16.5	2,976	1.94	17.2	2,967	1.92	16.2
Bronchitis ...	821	0.56	4.8	728	0.48	4.2	1,015	0.66	5.6
Diseases of circulatory system (other than Heart Disease) ...	768	0.52	4.5	630	0.41	3.7	638	0.42	3.5
Pneumonia ...	663	0.45	3.9	535	0.35	3.1	714	0.47	3.9
Tuberculosis (all forms) ...	657	0.45	3.9	505	0.33	3.0	466	0.31	2.6
Violence (all forms)	460	0.31	2.7	596	0.39	3.5	653	0.43	3.6
Nephritis ...	380	0.26	2.3	254	0.17	1.5	203	0.14	1.2
Total ...	12,108	8.14	70.2	12,256	7.98	70.6	12,885	8.32	70.0

In the following summary the deaths in age-groups during the past ten years are expressed as percentages of the total deaths :—

Year	AGE-GROUP					
	Under 1 year	1-5 years	5-15 years	15-45 years	45-65 years	65 years and over
1942 ...	5.8	1.3	1.2	9.9	23.2	58.6
1943 ...	5.6	1.3	1.2	9.3	23.1	59.5
1944 ...	6.7	1.4	1.7	10.0	22.9	57.3
1945 ...	5.4	1.1	1.3	8.2	21.9	62.1
1946 ...	6.0	0.9	0.8	7.7	21.9	62.7
1947 ...	6.2	0.9	0.9	7.6	21.2	63.2
1948 ...	4.2	1.0	0.8	7.4	22.2	64.4
1949 ...	3.8	0.8	0.8	6.8	20.9	66.9
1950 ...	3.4	0.6	0.6	6.2	21.0	68.2
1951 ...	3.3	0.8	0.8	5.5	20.3	69.3

Once more there is to be noted the increasing proportion of deaths of persons of 65 years and over. In twenty years this proportion has risen as follows :—1931—53.6 : 1941—56.9 : 1951—69.3.

In simple terms, during that twenty years the deaths in this age-group have risen from little over half of the total to a near approach to three-quarters. The increase in average age, and the corollary of a growing proportion of the aged in the population is evident.

On the other hand, it is interesting to note a corresponding reduction in the proportion of deaths under 45 years of age. The percentage figure of 10.80 in 1950 (shown in the extended table of my annual report for that year) has fallen still lower—to 10.31 during 1951. This is more than a 50% reduction in twenty years.

ZYMOTIC MORTALITY.—The following tabulation shows the prevalence of, and the mortality from, the seven chief zymotic diseases, in Kent during 1951. For purposes of comparison, the mortality recorded in the whole of England and Wales during the year, is added to the table :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1951 per 1,000 persons living.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox	None	None	—	—	0.00
Scarlet Fever	1570	None	—	—	—
Diphtheria	5	1	20.000	0.001	0.00
Typhoid and Paratyphoid Fevers	42	None	—	—	0.00
Measles	28983	12	0.042	0.008	—
Whooping-cough	10225	17	0.167	0.011	0.01
Diarrhoea, including Enteritis (under 1 yr.)	<i>Not notifiable</i>	22	?	0.957	—
Totals	—	52	—	0.034	—

* The figures relating to diarrhoea have reference to children dying under one year of age, per thousand *births*.

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Tables 4 and 5 at the end of this report.

The following is a summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the county during the past ten years:—

Year	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	
										Kent	England and Wales
SMALL POX											
No. of cases notified	0	0	0	0	1	0	0	0	0	0	
Incidence rate	—	—	—	—	0·001	—	—	—	—	—	0·00
No. of deaths ...	—	—	—	—	—	—	—	—	—	—	
Death-rate ...	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	0·00
SCARLET FEVER											
No. of cases notified	2,431	4,151	2,367	1,793	1,452	1,564	1,659	2,091	2,365	1,570	
Incidence rate	2·08	3·56	2·06	1·47	1·06	1·10	1·13	1·41	2·023	1·014	1·11
No. of deaths...	3	3	1	3	2	2	0	0	0	0	
Death rate ...	0·003	0·003	0·001	0·003	0·002	0·002	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	—
DIPHTHERIA											
No. of cases notified	444	379	297	265	180	117	52	29	16	5	
Incidence rate	0·38	0·33	0·26	0·22	0·14	0·082	0·036	0·020	0·014	0·004	0·02
No. of deaths ...	22	26	24	21	10	11	1	1	3	1	
Death-rate ...	0·019	0·023	0·021	0·018	0·008	0·008	0·001	0·001	0·002	0·001	0·00
ENTERIC FEVER											
No. of cases notified	18	38	17	30	18	12	13	38	12	42	
Incidence rate	0·016	0·033	0·015	0·025	0·014	0·009	0·009	0·026	0·011	0·028	0·02
No. of deaths ...	3	3	3	3	1	—	2	1	—	—	
Death-rate ...	0·003	0·003	0·003	0·003	0·001	<i>nil</i>	0·002	0·001	<i>nil</i>	<i>nil</i>	0·00
MEASLES											
No. of cases notified	9,354	11,675	6,307	13,023	7,843	10,738	12,909	14,736	11,413	28,983	
Incidence rate	7·99	9·99	5·47	10·67	5·69	7·50	8·73	9·90	9·760	18·707	14·07
No. of deaths ...	3	18	8	12	5	17	7	6	6	12	
Death-rate ...	0·003	0·016	0·007	0·010	0·004	0·012	0·005	0·005	0·004	0·008	—
WHOOPING-COUGH											
No. of cases notified	2,917	1,801	3,223	1,978	2,066	3,909	5,761	4,310	4,672	10,225	
Incidence rate	2·50	1·55	2·80	1·62	1·50	2·73	3·90	2·90	3·996	6·600	3·87
No. of deaths ...	29	22	22	17	15	26	22	11	7	17	
Death-rate ...	0·025	0·019	0·020	0·014	0·011	0·019	0·015	0·008	0·005	0·011	0·01

SMALL POX.—No case was notified during the year. No case has occurred in the County since 1946, and only five cases during the past eighteen years: and only two deaths from the disease during the past twenty-one years.

SCARLET FEVER.—A marked fall in the number of notifications resulted in the recording of the lowest incidence rate for several years: and for the fourth year in succession there was no death from the disease. There were 15 “return” cases, which occurred in four areas, and it is interesting to note that all save one of these cases occurred in the ‘London fringe’. This is a very similar result to that recorded in the previous year.

DIPHTHERIA.—Once more the incidence of diphtheria fell to a record low level, consequent upon the notification of *five cases only*. This is a most interesting and gratifying figure, but, as is pointed out elsewhere, there is a reverse side to the picture. The marked and almost spectacular results arising from the immunisation campaigns do tend to endanger the campaigns themselves. There is a tendency to refuse or postpone immunisation on the grounds that the disease is practically extinct.

All five cases occurred in children, and only one of the patients had been immunised.

ENTERIC FEVER.—Notifications showed a sharp increase, to the highest total recorded since 1941, but there were no deaths. Once more, the majority of the cases occurred in the north-western quarter of the County.

MEASLES.—The marked increase in the number of cases notified was the most noteworthy feature of the zymotic incidence during the year. Numbers and incidence were doubled, as were deaths and death-rate. Several of the district annual reports refer to the epidemic nature of the disease—e.g., “An unprecedented number of cases”, “prevalent both at the beginning and the end of the year”, “an epidemic extending throughout three months”, “a noteworthy epidemiological feature”, “marked increase in incidence during the first quarter of the year”, “an epidemic during the early part of the year, fairly evenly distributed throughout the area, but not severe in character”, “576 cases in 452 families—the outbreak almost wholly in the first half of the year, only 11 cases being notified in the second half”, “of the 468 cases, 171 were notified in the three months January-March”, “an outbreak lasting from January to September”.

WHOOPIING-COUGH.—The increase in the incidence and mortality was proportionately almost as marked as in the case of measles, the number of cases reaching the highest total since the disease became notifiable. Extensive outbreaks or heavy incidence were reported from several areas. The number of cases was more than doubled compared with the previous year, and there were 17 deaths.

DYSENTERY.—In my last Report was included a tabulation showing the increased incidence of this disease during several recent years. During the year under review there were 644 notifications—by far the highest number recorded in the County, and almost four times the number notified in the previous year—giving an incidence of 0.416 per thousand population. Particularly heavy notification was recorded in *Malling Rural* (133 cases), *Chislehurst Urban* (95 cases) and *Orpington Urban* (93 cases).

POLIOMYELITIS and POLIOENCEPHALITIS.—A welcome reduction is to be reported in the number of cases—175 as against 281 in 1950. The incidence was 0.113 per thousand population, and the distribution of the cases is shown in Tables 4 and 5 at the end of this report. The cases were equally divided between the paralytic and non-paralytic types. There were 13 deaths (the same number as in the previous year) and the case-mortality rose to more than seven per cent, but was still below the average over the past forty years.

Some of the district reports refer to the difficulty of establishing the chain of infection. For example, the single case in *Ashford Urban* occurred in a child aged three years in a family living in a new Council house, where sanitation and hygiene were excellent. No member of the family had been outside the district during the preceding two months, and there had been no visitors. In *Romney Marsh Rural*, no epidemiological link whatever could be established in respect of the two sporadic cases which were notified. Similarly, in *Tenterden Rural* no contact could be found to account for the single sporadic case. Still more striking was the result of the investigations in *Gravesend Borough*, where of the 21 confirmed cases, 18 showed no traceable connection one with another. The remaining three cases occurred in one family—father, mother, and child one year of age—visiting the town from the west of England: the child was first affected, then the mother, lastly the father (all in one week), the father dying on January 1st. No source of infection could be traced—no case had occurred in Gravesend since early September, and no case in the home town of the family since early August.

OPHTHALMIA NEONATORUM.—Only twelve cases of this disease were notified—one more than the low record established in 1949. All the cases occurred in the towns—there was not a single case in all the rural districts. The incidence was at the very low rate of 0.53, or roughly one case in every 2,000 live births. Eight of the cases were treated at home, four were treated in hospital. At the end of the year, eight of the cases could be reported as ‘vision unimpaired’.

A matter mentioned by the Medical Officer of Health of *Broadstairs Urban* is of interest in considering the broader aspects of the incidence of infectious disease in a county such as Kent. In that town, a total of 663 cases of infection occurred: of these, 381 arose in private households (including sixteen holiday visitors). The remaining 282 cases occurred as follows:— 168 in convalescent homes, 12 in holiday homes, 97 in boarding schools, 4 in a foster-home and one in a children’s home.

NON-NOTIFIABLE DISEASES

Mortality rates, per thousand of the civil population, from certain non-notifiable diseases during the past ten years.

Year	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	
										Kent	England & Wales
Influenza ...	0.082	0.316	0.121	0.059	0.126	0.058	0.027	0.096	0.076	0.248	0.38
*Diarrhoea ...	3.864 0.069	5.011 0.092	7.015 0.141	4.235 0.077	3.357 0.072	4.139 0.090	1.752 0.032	2.078 0.035	1.004 0.015	0.957 0.015	1.4 —
Bronchitis ...	0.672	0.704	0.665	0.622	0.557	0.629	0.453	0.552	0.474	0.656	—
Pneumonia	0.532	0.587	0.560	0.479	0.445	0.480	0.308	0.446	0.349	0.461	0.99
Nephritis ...	0.304	0.335	0.328	0.293	0.316	0.342	0.268	0.256	0.166	0.132	—
Diabetes ...	0.119	0.105	0.093	0.088	0.074	0.068	0.084	0.083	0.078	0.079	—

(Pneumonia is one of the notifiable diseases, and the notifications in each district will be found in the Table of Infectious Diseases at the end of this report. The mortality rates have been included in this tabulation because of the close association of the figures with those for bronchitis).

* The diarrhoea death-rates for 1950 and 1951, shown in this tabulation, are not strictly comparable with those of the preceding years. Those figures show the ratio of children dying from diarrhoea under *two* years of age—per thousand births (upper figure) and per thousand of the population (lower figure). The figures for 1950 and 1951 are in respect of children dying under *one* year of age (the present age-grouping of the Registrar-General's statistics) while the allocation by cause is now widened to "gastritis, enteritis and diarrhoea." Despite this lack of comparability, the figures are included to provide continuity and to establish a measure for future years.

MALIGNANT NEOPLASM (CANCER).—The number of deaths from cancer in 1951 reached a total of 2967 (16.2 per cent of the recorded total of deaths from all causes). This number of deaths was nine less than the figure for the previous year, and produces a mortality rate of 1.92 per thousand of the population as compared with 1.94 in 1950 and 1.91 in 1949.

The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1942.	1943.	1944.	1945.	1946.	1947.	1948.	1949.	1950.	1951.
URBAN.										
No. of Deaths ...	1,804	1,845	1,790	1,985	2,133	2,123	2,234	2,288	2,364	2,362
Death-rate ...	2.02	2.06	2.02	2.09	1.96	1.87	1.91	1.95	1.94	1.93
RURAL.										
No. of Deaths ...	486	566	524	490	527	551	595	542	612	605
Death-rate ...	1.77	2.09	1.97	1.83	1.83	1.86	1.94	1.75	1.94	1.87
TOTAL.										
No. of Deaths ...	2,290	2,411	2,314	2,475	2,660	2,674	2,829	2,830	2,976	2,967
Death-rate ...	1.96	2.07	2.01	2.03	1.93	1.87	1.92	1.91	1.94	1.92

The age-sex distribution of the deaths is shown below, and for comparison there is added the 'means' of the two ten-year periods, 1931-40 and 1941-50.

		All ages.	0-1.	1 — 5	5-15.	15 — 45	45-65.	65 upwards.
Mean of ten years 1931-1940.	(M. ...	1,006	—	1	3	52	380	570
	(F. ...	1,127	—	1	2	82	446	596
Mean of ten years 1941-1950.	(M. ...	1,261	—	3	2	67	454	735
	(F. ...	1,313	1	2	2	95	480	733
1951.	(M. ...	1,546	—	3	2	80	562	899
	(F. ...	1,421	1	3	3	109	456	849

Immunisation and Vaccination

DIPHTHERIA IMMUNISATION

Since the County Council became responsible for immunisation against diphtheria in July, 1948, the percentage of all children under the age of 15 years who have been immunised has been gradually increasing: 1949—66.5%; 1950—69.7%; 1951—71.8%. These figures may be regarded as an understatement for experience has shown that not all immunisation work done by general practitioners appears in official records.

In spite of continued visitation of homes and other methods of persuasion, chiefly undertaken by Health Visitors, the percentage of immunised children in the age group 0-4 years has shown a slight decline during the last 3 years; 1949—55.8%; 1950—54.9%; 1951—54.6%.

Far more success has been achieved with school children in the age groups 5-14 years, as following the campaigns which were held in schools the percentage has now risen to 82.5 as compared with 1949—73.4%; 1950—79.2%. The figures for this age group are probably a truer reflection of the number of children of school age who have been immunised, as the majority of the immunisations are carried out at schools or school clinics by the Assistant County Medical Officers. The success of the arrangements made for school children is greatly assisted by the very willing and much appreciated help from the teaching staffs.

One encouraging feature is that of the 1948 births (26,258) 70.3% were immunised, there being a period of 3 years in which the children could be immunised; of the 1949 births (24,546) 64% were immunised, period in this case being 2 years, whereas of the 1950 births (22,909) 66.8% have, so far, been immunised, despite the available period for immunisation being only one year with the restriction that children should not be immunised before reaching the age of nine months. This increased percentage is a reflection of the intensification of the work of persuasion done by Health Visitors.

There were only 5 cases of diphtheria notified during the year, one had been immunised, and all occurred in the 5-9 age group. There were no deaths.

In reviewing the general practice, the position of immunisation undertaken in the age group under one year must be regarded with some concern. The difficulties experienced in persuading parents to have their young children immunised can be ascribed to a number of causes, one of which is undoubtedly the disappearance of diphtheria as a killing disease.

The number of notifications of this disease for England and Wales in 1944 was 23,199 as compared with the provisional figure of 699 for 1951. In 1944 there were 934 deaths from the disease, but only 34 in 1951. This inevitably means that many parents, during the infancy of their children, know no one amongst their friends, relatives and neighbours who has had direct experience of the effects of this disease. It is a paradoxical position that the success of preventive medicine in the control of this disease is, in itself, a bar to continued progress.

A special watch was kept during the year on the notifications of infantile paralysis, in view of any remote association with diphtheria immunisation, but it was never necessary to consider suspending the latter procedure.

Based on the record cards received, the following table shows the extent to which diphtheria immunisation has been carried out in the County during the year:—

Primary Injections			Secondary or re-inforcing injections
Under 5 years	5-14 years	Total	
18,749	3,849	22,598	32,945

Number of children who, at the 31st December, 1951, had completed a course of immunisation, at any time since 1st January, 1937 :—

Age at 31-12-51 i.e. Born in Year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	TOTAL under 15
Number Immunised	1,708	15,306	15,726	19,151	21,208	87,660	88,564	249,323
Estimated mid year child population 1951	Children under five 133,906					Children 5—14 213,513		347,419

IMMUNISATION AGAINST WHOOPING-COUGH

Immunisation against Whooping-Cough was not carried out at any of the County Clinics and it is not intended, at present, to reintroduce it, but continual regard is being had to developments in connection with the present research being undertaken by the Medical Research Council.

VACCINATION AGAINST SMALLPOX

Facilities for vaccination have continued to be provided by general practitioners and at many of the County clinics. The total number of persons vaccinated (23,201) and re-vaccinated (15,759) during the year was 38,960 : 27,027 by general practitioners at their surgeries or patients' homes and 11,933 at clinics. Five cases of generalised vaccinia were reported during the year, one case a child aged ten months and four cases of persons over fifteen years of age. The large increase in vaccinations over the two previous years (1950—19,630; 1949—17,162) was mainly due to the demand for vaccination in the Tunbridge Wells area in January, 1951.

During the outbreak of smallpox at Brighton during December, 1950 and January, 1951, a suspected case of smallpox at Crowborough in Sussex resulted in large numbers of persons in the Tunbridge Wells area requesting vaccination. The demand was so heavy that arrangements were made for the establishment of a special County clinic for vaccination. This was held from 22nd-27th January and 4,958 persons were vaccinated there, of these no less than 4,506 in three days. It was learned on 24th January that the patient concerned was not suffering from smallpox.

It is interesting to note the public reaction throughout the County to the Brighton outbreak and the suspected case. An analysis of the records received shows that in almost every one of the 56 sanitary districts a far greater number of persons was vaccinated during January than in any other month of the year. For the County as a whole 18,152 persons were vaccinated during January out of the total of 38,960 for the year. Reaction to the outbreak did not, however, appear to have effected any substantial increase in infant vaccination. During 1950 12,476 children were vaccinated whilst under one year of age; 12,856 during 1951.

The following table shows in age groups the number of persons vaccinated or re-vaccinated during the year :—

AGE AT 31.12.51 i.e. born in years	Under 1 1951	1—4 1947— 1950	5—14 1937— 1946	15 or over Before 1937	Totals
NUMBER VACCINATED ...	8,322	6,928	3,463	4,488	23,201
NUMBER RE-VACCINATED	—	398	3,401	11,960	15,759
TOTALS	8,322	7,326	6,864	16,448	38,960
GENERAL PRACTITIONERS	4,313	4,132	5,387	13,195	27,027
CLINICS	4,009	3,194	1,477	3,253	11,933
TOTALS	8,322	7,326	6,864	16,448	38,960

The following table shows the extent of infant vaccination carried out during 1949, 1950 and 1951.

Year of Birth	Number of Live Births	Vaccinated During Year	Number Vaccinated	Percentage	Total	Percentage
1949	24,546	{ 1949 1950	7,280 4,872	{ 29.66 19.84 }	12,152	49.5
1950	22,909	{ 1950 1951	7,945 5,292	{ 34.68 23.10 }	13,237	57.78
1951	23,002	1951	8,322	36.18	—	—

The percentages show an upward trend and one may reasonably expect that those children born in 1951 and eligible for vaccination who may possibly be vaccinated during 1952, will, overall, show a higher percentage as compared with 1949 and 1950. This expectation is based on the same grounds as apply to diphtheria immunisation, that is, the intensification of the persistent work by the County Health Visiting Staff.

Prevention of Illness, Care and After Care

During the year the various services provided in accordance with Section 28 of the National Health Service Act, 1946, have been maintained and developed.

TUBERCULOSIS

NOTIFICATIONS.—During the year 2,088 (1950-2,497) persons were notified as suffering from tuberculosis. On the 31st December 16,138 (1950-15,658) persons remained on the registers of Medical Officers of Health. Summaries of notifications will be found on pages 19-20-21.

PROVISION OF EXTRA FOODS.—During the year the Chest Physicians considered that 2,289 individual patients should receive extra foods resulting in 6,230 recommendations. Of this number 5,918 were approved, the remainder (312) were not approved owing to the fact that the patients' income at the time of recommendation brought them outside the application of the Council's assessment regulations.

REHABILITATION.—Arrangements for persons suffering from tuberculosis to receive rehabilitation were maintained at the British Legion Village, Preston Hall, Aylesford, and Papworth Hall, Cambridge. At the end of 1950, 13 patients were receiving rehabilitation; during the year 16 were admitted, 5 discharged and 24 remained at the 31st December.

BEDS AND BEDDING.—263 persons suffering from tuberculosis were provided with beds and bedding on loan during the year.

SHELTERS.—85 open air shelters are available on loan for use of persons suffering from tuberculosis. Chest Physicians recommended 24 persons for the use of a shelter and at the end of the year 62 persons had the use of shelters.

KENT COUNCIL OF SOCIAL SERVICE.—This Council continues to render a considerable amount of assistance to persons suffering from tuberculosis and their dependants, viz. beds and bedding, holidays, clothing, provision of meat, materials for occupational and diversional therapy, finding suitable employment, re-housing and removal expenses.

B.C.G. VACCINATION.—Following the Ministry of Health's approval in December, 1949, to the introduction of a scheme for the carrying out of B.C.G. vaccination, it was not found possible to commence vaccination until September, 1950, and from then to the end of that year 34 persons received B.C.G. vaccination. There has been a gradual increase each month in the number of persons vaccinated by Chest Physicians, until the end of 1951, when 686 persons had received B.C.G.

Difficulties were anticipated in the segregation of children during the period of six weeks before and after the vaccination but in nearly every case arrangements were made for it to be done during the absence of the person suffering from tuberculosis who had been admitted to a sanatorium, or for relatives or friends to accommodate the vaccinee during the required period of segregation. In cases where alternative arrangements could not be made, the Children's Officer arranged for the children to be boarded out with foster parents and cared for by the Children's Committee. In nine cases only was this procedure found to be necessary during 1951.

B.C.G. vaccination of children who are boarded out in Kent by other local health authorities, (viz. London County Council and Middlesex County Council) for the purpose of segregation, is by arrangement carried out by the Chest Physician for the area in which the foster-parent resides; 109 such children were vaccinated during the year.

ILLNESSES GENERALLY

RECUPERATIVE CARE.—Arrangements were continued to allow persons to have a stay in a recuperative home: 418 persons being admitted during the year, viz. adults 256: expectant mothers 2: nursing mothers 7: school children 107: children under 5 years of age 46.

In October, 1951 it was found necessary to review the conditions governing the acceptance of a patient for recuperative care. It is now restricted to cases where a person has suffered from an illness which has been treated either at home or in hospital, and, whilst needing further medical or nursing care of the type that can be provided under Parts III and IV of the National Health Service Act, namely, services provided by a general medical practitioner and home nurse, cannot have that care at home.

PROVISION OF NURSING REQUISITES.—The British Red Cross Society and St. John Ambulance Brigade maintain depots as agents of the County Council for the issue of nursing requisites to persons ill at home; 599 and 103 were referred to the Societies respectively.

BEDS AND BEDDING.—33 persons were provided with beds and bedding on loan during the year.

VENEREAL DISEASE

The two Female Social Workers have carried out the following visits in connection with their duties of tracing contacts and following up persons who have not maintained attendance at clinics:—

Number of cases to be visited	..	271
Number of cases visited	..	250
Number who attended for treatment	..	168

HEALTH EDUCATION

A series of lectures on health education covering social hygiene including venereal disease and other associated problems as well as sex education and subjects covering general health, such as food and drink infection, diphtheria immunisation and local health authorities services have been carried out by a health education lecturer whose services were engaged on a part-time basis. Lectures were given to various organisations including selected youth clubs; employees in factories and coal mines; and parents meeting, at schools in many different parts of the County. The County Council's staff promote health propaganda in all its aspects at welfare centres, clinics and day nurseries and assistance is given at health exhibitions organised by local authorities.

ORTHOPAEDIC SERVICE

During the year there were 41,289 attendances at the Orthopaedic Clinics administered by the County Council, compared with 44,949 attendances during 1950. The decrease in the total number of attendances is accounted for by the fact that some children are now referred by their own doctors direct to Regional Hospital Board Clinics in Hospitals.

The following table gives particulars of numbers of new patients and attendances during the year at the Orthopaedic Clinics administered by the County Council:—

Clinic	New Cases			Total Attendances		
	K.E.C.	K.M. C.W.	Total	K.E.C.	K.M. C.W.	Total
Ashford	17	15	32	789	147	936
Beckenham	100	62	162	3,779	1,438	5,217
Bexleyheath	128	60	188	1,196	287	1,483
Bromley	158	97	255	2,681	620	3,301
Erith	219	93	312	3,864	232	4,096
Hawes Down	28	22	50	1,081	252	1,333
Laleham House	56	—	56	1,603	—	1,603
Margate	67	22	89	2,907	303	3,210
Ramsgate... ..	105	37	142	4,456	226	4,682
Sevenoaks	81	104	185	3,674	1,527	5,201
Sittingbourne	44	11	55	1,301	198	1,499
Tenterden	41	26	67	986	208	1,194
Tunbridge Wells	110	27	137	3,156	263	3,419
Welling	198	37	235	2,609	228	2,837
Westerham Valence	8	—	8	1,278	—	1,278
Totals	1,360	613	1,973	35,360	5,929	41,289

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS

Summary of Notifications during the period from the 1st January, 1951, to the 31st December, 1951, in the County of Kent.

AGE PERIODS	Formal Notifications													
	Number of Primary Notifications of new cases of Tuberculosis													
	0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 and upwards	Total (All ages)
Respiratory—														
Males	4	3	15	30	23	79	117	153	128	133	88	35	10	818
Females	5	7	17	18	23	79	119	157	58	39	27	23	4	576
Non-Respiratory—														
Males	2	1	14	15	11	7	4	9	12	3	6	—	—	84
Females	1	2	9	18	9	9	8	17	10	4	5	3	—	95

SUPPLEMENTAL RETURN

Showing new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

Source of Information		Number of cases in age Groups												Total		
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75		75 & upwards	
Death Returns from local Registrars.	Respiratory	1	—	—	—	—	—	1	2	—	4	7	5	—	20 (A)	
		—	—	—	—	—	—	—	4	1	1	1	2	—	9 (B)	
	Non-Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	1	2 (C)	
		—	—	1	—	—	—	—	1	—	—	—	—	—	2 (D)	
Death Returns from Registrar-General (Transferable deaths)	Respiratory	1	—	—	—	—	—	—	—	—	—	—	—	—	3 (A)	
		—	—	—	—	—	—	—	—	—	—	—	—	—	— (B)	
	Non-Respiratory	1	—	—	—	—	—	—	—	—	—	—	—	—	1 (C)	
		—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	
Posthumous Notifications	Respiratory	—	—	—	—	—	—	—	—	—	—	—	3	—	7 (A)	
		—	—	—	—	—	—	—	—	—	—	3	2	—	7 (B)	
	Non-Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	1 (C)	
		—	—	—	—	—	—	—	—	—	—	—	—	—	— (D)	
"Transfers" from Other Areas (excluding transferable deaths)	Respiratory	—	—	5	1	4	5	41	101	35	27	9	2	—	230 (A)	
		—	—	2	8	5	11	56	73	33	7	2	3	—	200 (B)	
	Non-Respiratory	—	—	3	1	—	—	1	4	—	—	—	—	—	9 (C)	
		—	—	—	—	1	3	3	4	3	—	—	—	—	14 (D)	
Other Sources	Respiratory	—	—	—	—	—	—	—	2	—	1	1	1	—	5 (A)	
		—	—	—	—	—	2	—	2	—	—	—	—	—	4 (B)	
	Non-Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	— (C)	
		—	—	—	—	—	1	—	—	—	—	—	—	—	1 (D)	
TOTALS		...												(A) 265, (B) 220, (C) 13, (D) 17.		

Particulars of new cases of tuberculosis, and of deaths from the disease, in Kent during 1951.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	6	5	3	1	—	—	2	3
1—2	3	7	1	2	} 2	—	4	4
2—5	20	19	18	10				
5—10	31	26	16	18	} 1	—	3	2
10—15	27	28	11	10				
15—20	84	92	7	13	} 96	74	11	9
20—25	159	175	5	11				
25—35	258	236	13	22				
35—45	166	93	13	13	} 125	28	13	5
45—55	168	48	3	4				
55—65	105	33	6	5				
65—75	46	30	—	3	} 58	22	3	1
75 and upwards ...	10	4	1	—				
Totals	1,083	796	97	112	282	124	36	24
2,088				466				

Care of Mothers and Young Children

MATERNAL MORTALITY

The following tabulation shows details of the deaths in the County of women in child-birth during each of the last 10 years. For comparative purposes the average figures for the 5 years 1947-51 and for the 44 years 1908-51 are added:—

Year	No. of maternal deaths	No. of live births	No. of still-births	Maternal Mortality-rates	
				per 1,000 of all births	per 1,000 of live births
1942	44	20,709	593	2.1	2.2
1943	45	21,355	565	2.1	2.2
1944	34	23,094	556	1.5	1.5
1945	34	22,198	580	1.5	1.6
1946	33	29,193	699	1.2	1.2
1947	40	30,928	730	1.3	1.3
1948	33	26,258	548	1.3	1.3
1949	29	24,546	522	1.2	1.2
1950	10	22,909	470	0.5	0.5
1951	21	23,002	497	0.9	1.0
Average of five years 1947-1951	27	25,529	553	1.1	1.1
Average of forty-four years 1908-1951	58	20,767	568*	2.6*	2.9

*The two figures represent the average of thirty-five years only (1917-1951) as the numbers of still-births prior to 1917 were not recorded.

The final column (maternal deaths per thousand *live* births) is added in order to provide a comparison with the earlier years.

The Council's scheme for the Care of Mothers and Young Children under Section 22 of the National Health Service Act, 1946, makes provision for:—

- (a) Child Welfare Centres.
- (b) Ante-natal, post-natal and women's welfare clinics.
- (c) Special care of premature infants.
- (d) Dental treatment for expectant and nursing mothers and children under school age.
- (e) Day Nurseries.
- (f) Mother and Baby Homes and institutional care.

(a) CHILD WELFARE CENTRES

The Council has continued to provide a total of 265 Child Welfare Centres during the year. The number of new attendances was 22,026 and the total attendance was 464,009. The attendances at these centres do not appear to have been affected by the operation of the National Health Service Act and this is probably due to the fact that the emphasis has always been on the educational aspects of the care and management of the child.

During the year the dispatch of birthday cards was initiated and this has encouraged each mother to accept the opportunity of bringing her child to the centre for a complete examination each year until the child reaches school age. The routine weighing of children, other than young babies and those not making satisfactory progress, is being discouraged. This gives more time for group education and for those children who require special care and attention.

(b) ANTE-NATAL, POST-NATAL AND WOMEN'S WELFARE CLINICS.

Provision was made at 86 centres for ante-natal clinics and at 10 centres there were post-natal and women's welfare clinics.

During the year 10,475 expectant mothers attended ante-natal clinics and there was a total of 42,192 attendances.

1,534 women attended the post-natal clinics with a total of 1,956 attendances, and 2,856 women attended Women's Welfare Clinics with a total of 8,325 attendances.

Attendances at ante-natal clinics have varied considerably between different areas of the County since the passing of the National Health Service Act 1946. Whilst some general practitioners undertake all their ante-natal work, others prefer their patients to attend the clinics where there are facilities for taking blood specimens and where there are group activities such as relaxation and ante-natal exercises and teaching of other aspects of mothercraft, and there is no doubt that the young mothers particularly find attendance at the clinic beneficial and helpful.

(c) SPECIAL CARE OF PREMATURE INFANTS

1,134 births of babies weighing not more than 5½ lbs. were notified during the year. 391 of these were born at home, 35 in private nursing homes and 708 in hospitals and homes under the administration of the Regional Hospital Board. Details are given below relating to the premature births occurring (a) at the home of the mother and (b) in private nursing homes and in maternity homes not under the National Health Service Act and also in mother and baby homes where the mother was confined in the home:—

Weight at Birth	(a) Born at home						
	Transferred to hospital (1)	Nursed entirely at home					Grand Total (7)
		Died in 1st 24 hours (2)	Died on 2nd to 7th day (3)	Died on 8th to 28th day (4)	Survived 28 days (5)	Total (6)	
Under 3 lbs.	11	4	—	—	2	6	17
3-4 lbs. ...	31	1	2	—	8	11	42
4-5½ lbs. ...	40	9	3	1	279	292	332
Total ...	82	14	5	1	289	309	391

Weight at Birth	(b) Born in private Nursing Homes						
	Transferred to hospital (8)	Nursed entirely in private nursing home					Grand Total (14)
		Died in 1st 24 hours (9)	Died on 2nd to 7th day (10)	Died on 8th to 28th day (11)	Survived 28 days (12)	Total (13)	
Under 3 lbs.	—	—	2	—	1	3	3
3-4 lbs. ...	—	—	—	—	2	2	2
4-5½ lbs. ...	—	—	3	—	27	30	30
Total ...	—	—	5	—	30	35	35

(d) DOMICILIARY AND INSTITUTIONAL CONFINEMENTS.

When the National Health Service Act came into operation in July, 1948, one of its effects was to make the Regional Hospital Board responsible for the bulk of the institutional accommodation provided for confinements and the County Council for making provision for a midwifery service for the conduct of domiciliary confinements. In addition, the Act provided arrangements through the aegis of the Executive Council for maternity medical services provided by general medical practitioners, to be made available to women who were confined at home. Up till July, 1948, the County Council had provided a domiciliary midwifery service for the whole of the County of Kent with the exception of the Boroughs of Bromley and Gillingham, and, in common with certain other local authorities, had also been responsible for providing a considerable amount of institutional maternity accommodation. It has always, therefore, been possible to ensure that institutional accommodation was made available to those women for whom it was essential, either because they had some medical condition requiring treatment and confinement in hospital or their housing conditions were unsuitable for domiciliary confinement. The effect of this was that the Council's domiciliary midwifery service was provided on an economic basis according to the number of women in whose cases domiciliary confinements were suitable. By agreement with the Regional Hospital Board arrangements were made, immediately after July, 1948, that these arrangements should be continued on the basis that where a patient needed the resources of a hospital for her confinement for medical reasons direct admission would be arranged by the patient's own doctor, but that where admission was desired because the home conditions were said to be unsuitable an investigation should be first conducted to ensure that a hospital bed was essential and that domiciliary confinement was not

possible. One effect of the Act has been to increase the attractiveness of confinement in hospital as opposed to confinement at home because the former was free of direct cost to the person concerned whereas domiciliary confinement nearly always involves some expenditure on the part of the person concerned in the way of provision of domestic help for which, of course, the County Council has to make a charge when it provides such a facility. It should not be forgotten that confinement is, in most cases, a normal physiological process, and from the point of view of economics it costs the community approximately twice as much when a confinement takes place in hospital as when it takes place at home. In August, 1951 the Ministry of Health issued a circular dealing with the policy to be followed in the selection of maternity cases for admission to hospital. Briefly, the Minister considered that hospital provision is required on medical or social grounds for about half the confinements taking place and went on to say that where hospital confinement was advocated for adverse social conditions the advice of the Medical Officer of Health of the County or County Borough Council should always be sought. In Kent the advice as to the suitability of a home for domiciliary confinement is always given by one of the Council's midwives, since in normal confinements when a doctor does not attend the actual delivery, the responsibility for the conduct of the case will rest with that midwife. The Minister said that patients admitted for medical or obstetric reasons should not necessarily include all primæ gravidae, i.e., those having a first child, although admittedly a large proportion of them should be admitted, and then went on to say that unquestionably most women who have had four or more children should be regarded as having a claim for admission. It is interesting to note, however, that the circular, after indicating how maternity beds should be used, did not express any opinion on what the position would be if there were maternity beds available after the needs had been met of all the groups of women who were mentioned in the circular as requiring hospital care. It is upon this point that the question arises as to whether, in the present economic circumstances and shortage of womanpower it is appropriate that maternity beds not needed for the care of women who must be confined in hospital should be used for those who could, without harm to themselves, be confined at home. If the National Health Service, so far as the hospital and specialist services were concerned, could meet all the demands made on it then possibly a case could be made out for the hospital care of such patients. It is, however, the case that a limit has been placed by two successive Governments upon the expenditure that may be incurred on the National Health Service and that the share of national resources of materials and womanpower that the National Health Service can hence demand have, as a result, also been limited. So long as there are an inadequate number of beds for persons suffering from tuberculosis and chronic sickness it does not seem that resources in materials and womanpower should still continue to be used for patients who could be confined at home. Since 1949 statistics have been kept as to where births take place in the County of Kent and they are:—

BIRTHS IN KENT CLASSIFIED AS TO DOMICILIARY, NURSING HOME AND HOSPITAL.

Area showing Population and Main Towns			Place of Confinement				Percentage		
			D.	N.H.	H.	Total	D.	N.H.	H.
No. 1.	Pop.	200,194							
	Ashford, Deal, Dover, Folkestone.								
	1949 Fourth Quarter		342	47	340	729	46.91	6.45	46.64
	1950 Whole Year		1,386	332	1,425	3,143	44.10	10.56	45.34
	1951 Whole Year		1,377	321	1,425	3,123	44.10	10.27	45.63
No. 2.	Pop.	174,729							
	Thanet Towns, Herne Bay, Whitstable, Sandwich.								
	1949 Fourth Quarter		288	94	133	515	55.92	18.25	25.83
	1950 Whole Year		1,173	179	726	2,078	56.45	8.61	34.94
	1951 Whole Year		1,061	119	853	2,033	52.20	5.90	41.90
No. 3.	Pop.	139,210							
	Maidstone								
	1949 Fourth Quarter		254	77	193	524	48.47	14.70	36.83
	1950 Whole Year		1,060	171	880	2,111	50.21	8.10	41.69
	1951 Whole Year		1,043	114	998	2,155	48.40	5.29	46.31
No. 4.	Pop.	137,675							
	Tunbridge Wells, Sevenoaks.								
	1949 Fourth Quarter		129	115	191	435	29.65	26.44	43.91
	1950 Whole Year		612	129	1,170	1,911	32.03	6.75	61.22
	1951 Whole Year		513	99	1,312	1,924	26.66	5.14	68.20
No. 5.	Pop.	344,932							
	Medway Towns, Faversham, Sittingbourne, Sheerness, Gravesend, Northfleet.								
	1949 Fourth Quarter		687	227	396	1,310	52.44	17.33	30.23
	1950 Whole Year		2,785	835	1,671	5,291	52.64	15.78	31.58
	1951 Whole Year		2,705	423	2,224	5,352	41.55	7.91	50.54

Area showing Population and Main Towns			Place of Confinement				Percentage		
			D.	N.H.	H.	Total	D.	N.H.	H.
No. 6.	Pop.	239,820							
	Bexley, Crayford, Dartford, Erith.								
	1949 Fourth Quarter		196	8	588	792 =	24.75	1.01	74.24
	1950 Whole Year		814	26	2,467	3,307 =	24.61	.79	74.60
	1951 Whole Year		743	10	2,470	3,223 =	23.05	0.31	76.64
No. 7.	Pop.	312,800							
	Beckenham, Bromley, Chislehurst, Orpington, Penge.								
	1949 Fourth Quarter		232	46	675	953 =	24.34	4.83	70.83
	1950 Whole Year		1,131	134	2,965	4,230 =	26.74	3.17	70.09
	1951 Whole Year		1,243	27	3,125	4,395 =	28.28	.62	71.10
TOTALS:									
	1949 Fourth Quarter		2,128	614	2,516	5,258 =	40.4	11.7	47.9
	1950 Whole Year		8,961	1,806	11,304	22,071 =	40.6	8.2	51.2
	1951 Whole Year		8,685	1,113	12,407	22,205 =	39.12	5.01	55.87

(D. = Domiciliary. N.H. = Nursing Home. H. = Hospital)

It will be seen that the proportion of births that take place in hospital varies widely from area to area and those with a knowledge of the housing conditions in the whole County will realise that the high proportion of hospital births in some areas cannot be related to any question of a general low standard of housing. In fact it is manifest that the proportion of births that take place in hospital is directly related to the number of maternity beds that happen to be available in that area and it will be seen that over the whole County the proportion of births taking place in hospital continues to increase and is more than the 50 per cent which is suggested as an appropriate figure by the Minister in the circular. As the present trend is for the birth rate to decline it would seem to follow that if the same number of maternity beds in hospital are kept in use the proportion of institutional births will continue to increase and hence the proportion of domiciliary births will decline.

(e) DENTAL TREATMENT

Throughout the year the Council was unable to recruit a sufficient number of suitable dental surgeons to maintain an adequate inspection and treatment service for school children under the Education Act, 1944, and mothers and young children under Part III of the National Health Service Act. Of 30 whole-time dental surgeons available on the 31st December, the equivalent of $2\frac{1}{4}$ full-time officers had devoted 1,124 sessions during the year to inspection and treatment of mothers and young children by appointment at 53 permanent centres, 2 temporary centres and mobile dental caravans visiting rural areas.

(i) Details of the work carried out during the year is shown below:—

TABLE "A"

	Referred for Examination	Requiring treatment	Treatment provided (including cases brought forward from previous year)	Patients made Dentally fit
Expectant and Nursing Mothers	1,143	1,132	1,087	815
Children under five ...	2,717	2,540	2,495	2,295

TABLE "B"

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Dentures Provided	
		Local	General					Complete	Partial
Expectant and Nursing Mothers	2,614	947	1,724	1,227	520	—	298	251	290
Children under Five	3,548			2,012	—	456	1,718	—	—

The incidence of dental disease in mothers is high. The result of the findings at the examination showed that 99% of expectant and nursing mothers and 93% of young children suffered from dental disease. 1,143 mothers attended the clinics for examination as compared with 841 in 1950. Of those found to require treatment 1,087 commenced treatment within the year compared with 1,412 in the previous year. Of the 2,717 children inspected 2,540 found in need of treatment received it in the clinics and 2,295 completed it. Of the 1,087 adults referred to in Table "A" as having received treatment, 707 were expectant mothers.

The dental hygienist engaged on the work of scaling, cleaning and polishing of teeth for mothers under the supervision of the dental surgeon at Chatham, Gravesend, Orpington, Sidcup and Welling, carried out the following work.—

Number of sessions worked	...	...	...	...	31
„ „ new patients treated	...	...	...	...	48
„ „ patients whose treatment was completed	...	...	...	...	41
Scaling and polishing	...	...	...	...	120
Time spent in dental health instruction	...	...	...	...	14 hours

In the plans approved by the Education and Health Committees for new centres and improvements to existing buildings, provision has been made for the care of mothers and young children. These centres, when completed, will be fitted in accordance to the extent of their use with electric units and other modern equipment.

(ii) DENTAL WORKSHOPS

The work carried out by the staff of six technicians in the workshops in Dover and Maidstone is varied and of a high standard. It comprises the manufacture of dentures for expectant and nursing mothers and for older children, who by accident, neglect, or through lack of regular inspection and treatment, have lost permanent teeth. The construction of appliances for the correction of malocclusion of teeth, and the making of caps and crowns to restore broken teeth for school children, occupies about 90% of the technicians' time and, to ensure a quicker return of the work in its various stages, it became necessary to increase the consignment of work to commercial firms, as indicated in the figures given below:—

Mothers and Young Children

<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>
187	3	22

School Children

<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>	<i>Orthodontic Appliances</i>	<i>Remakes</i>	<i>Repairs</i>	<i>Oral Screens</i>
356	20	55	802	39	48	138

Work carried out by Contractors

<i>Dentures</i>	<i>Remakes</i>	<i>Repairs</i>
354	1	52

(f) DAY NURSERIES

There were 15 day nurseries controlled by the Council for the greater part of the year but 3 of these were closed at the end of November. Information is given below as to the number of places provided at each of these nurseries and the average number of attendances during the year were:—

					<i>Average attendance during the year</i>			
					<i>No. of places</i>	<i>Under 2</i>	<i>2-5</i>	
Beckenham	...	...	...	45	2.2	21.1		
Bromley (Elmfield)	...	...	...	40	9.1	20.6		
Bromley (Draycott)	...	...	...	60	4.4	13.5		
Chatham	...	...	...	50	7.7	22.5		
Crayford	...	...	...	60	3.7	15.7		
Erith	...	...	...	40	5.3	15.9		
Gillingham	...	...	...	50	7.1	25.0		
Gravesend	...	...	...	40	9.7	28.0		
Maidstone	...	...	...	60	4.6	15.7		Closed 30.11.51
Orpington	...	...	...	80	7.3	34.4		
Penge	...	...	...	45	5.6	13.9		
Sidcup Hill	...	...	...	70	5.5	25.4		
Sidcup (Days Lane)	...	...	...	40	5.8	13.3		Closed 30.11.51
Stone	...	...	...	40	4.4	12.2		
Tonbridge	...	...	...	50	3.2	13.5		Closed 30.11.51
					770	85.6	290.7	

(g) MOTHER AND BABY HOMES AND INSTITUTIONAL CARE

One Mother and Baby Home "Heatherlands" is maintained by the Council and, in addition, arrangements have been made with the Canterbury and Rochester Diocesan Councils for Moral Welfare to provide ante and post-natal accommodation for confinements and for other purposes for the unmarried mother and her child. The Council's Home fulfils a special function in that it supplies accommodation for women and girls who would not normally be accommodated in the Diocesan Homes, some of whom are mentally backward and have had previous pregnancies. It is sometimes impossible to re-establish them in industry or in domestic posts with their infants and special arrangements have to be made. There is close liaison between officers of the Council and workers for voluntary associations in this work for the unmarried mother with her child.

(i) "HEATHERLANDS", TUNBRIDGE WELLS.

There were 87 admissions to the Home during the year. 63 of these were ante-natal patients who were transferred to hospital for confinement and of whom 49 returned to the Home after confinement. The remaining 24 patients admitted included six women who were received pending other arrangements being made for them.

Eighty-two mothers with their babies were discharged from the Home during the year and the following particulars are given of the arrangements made for them:—

Mother returned home with baby...	...	...	...	...	29
Mother obtained domestic post with baby	...	...	...	...	10
Baby placed with foster-parents	...	...	...	...	11
Baby admitted to residential nursery	...	...	...	...	6
Baby transferred to prospective adopters	...	...	...	...	12
Mother admitted to institution and baby to residential nursery					8
Mother and child transferred to other accommodation (Part IV)					6

From the above details it will be seen that it was necessary to make special arrangements for the care of 37 infants.

Difficulty was experienced during the year whilst alterations and adaptations to the premises were being carried out. In spite of considerable disruptions, including the cutting off of the water supply, the Home remained open with only slightly reduced numbers and great credit is due to the Matron who carried on in spite of these difficulties, which were further aggravated by a shortage of staff.

It is satisfactory to record that such a large proportion of the mothers were able to return home with their infants.

(ii) HOMES CONTROLLED BY VOLUNTARY ORGANISATIONS

A total of 85 places was provided in establishments controlled by voluntary organisations already described and there were 291 admissions during the year, of which 216 were cases for which the Council accepted financial responsibility. In addition, 9 expectant mothers and two post-natal patients were admitted at the cost of the Council to homes other than those mentioned above.

Health Visiting

An average of 257 health visitors were employed by the Council during the year in connection with the various health services maintained by the Health and Education Committees. A total of 9,169 visits were paid to expectant mothers and 378,611 to children under 5 years of age. There were also 10,937 other special visits, making a total in this connection of 398,717 visits paid during the year.

Recruitment of health visitors up to the approved establishment of 275 and the training of student health visitors is proceeding satisfactorily. During the year 11 students completed their courses of training and were appointed to the health visiting staff.

Health visitors continued to carry out the services relating to Child Life Protection responsibilities discharged by the Children's Committee.

Several groups of health visitors and midwives attended short courses in relaxation and ante-natal exercises. These courses were conducted by a physiotherapist and preceded by a talk by a medical officer on the educational work that can be done in relation to relaxation and ante-natal education.

Domestic Help Service

The demand for this service continues and, to enable the service to be given to the increasing number of people requiring help but without increasing the total cost of the service, there has been a reduction from 10 to 8 in the average number of hours for each household. At the close of the year some 3,500 families were being assisted each week and the average number of hours service given each week during the year was 28,500, equivalent to approximately 600 full-time workers, although the average number of workers engaged each week on a part-time basis was approximately 1,280.

During the year a total of 10,718 families received help through the Domestic Help Service; 4,177 were households in which there were aged persons and 2,754 were maternity cases. The remaining 3,787 were households where a person was suffering from illness, including 508 suffering from tuberculosis.

Midwifery and Home Nursing Services

The staff at the end of the year 1951 consisted of 6 Administrative Midwifery and Nursing Officers, 154 whole-time Home Nurses, 122 whole-time Midwives, 134 whole-time Home Nurse-Midwives and 32 part-time Nurses and Midwives. In addition, the East Sussex County Nursing Association, the Margate District Nursing Association and the Diamond Jubilee Samaritan Fund, 3 voluntary bodies acting as the Council's agents, employed 1 Nurse-Midwife and 6 Home-Nurses to carry out Midwifery and Home Nursing Services in parts of the County.

The second post-certificate course for Home Nurses and the twenty-first post certificate course for Midwives were held at Maidstone in June and September respectively, each consisting of a series of lectures, film displays and discussions on the Council's Nursing Services. A total of 2,608 attendances by nurses and midwives was made during these courses which were greatly appreciated.

The Council is a member of the Queen's Institute of District Nursing and, under the aegis of the Institute, arranged for the district training of 8 candidates during the year.

The following table shows the number of midwives practising in the County at 31st December, 1951, and the number of births attended by such midwives either as midwives or maternity nurses during the year:—

	<i>Number of midwives practising at 31.12.51</i>	<i>Number of births attended as midwives during the year</i>	<i>Number of births attended as maternity nurses during the year</i>
<i>Domiciliary Midwives employed by Council</i>			
(a) As midwives	122	} 6,382	2,062
(b) As nurse-midwives	134		
(c) Part-time midwives and nurse-midwives	7		
Nurse-midwives employed by voluntary bodies on behalf of the County Council ...	1	—	1
	<hr/> 264	<hr/> 6,382	<hr/> 2,063
Midwives in private domiciliary practice (including those practising as maternity nurses)	45	148	63
TOTALS	<hr/> 309	<hr/> 6,530	<hr/> 2,126
<i>Institutional Midwives</i>			
Employed by Hospital Management Committees	245	11,549	2,521
Employed by Voluntary Institutions ...	2	52	—
In private nursing homes	37	222	519
In military families hospitals... ..	10	297	18
TOTALS	<hr/> 294	<hr/> 12,120	<hr/> 3,058
Totals in respect of both domiciliary and institutional midwives	603	18,650	5,184

The following tabulation shows the work carried out by Home Nurses during 1951:—

		<i>Number of patients attended</i>	<i>Total number of visits</i>
<i>Number of Nurses employed at 31.12.51.</i>			
Employed by the Council:—			
(a) As home-nurses	154	} 28,667	663,039
(b) As nurse-midwives	134		
(c) Part-time home-nurses and nurse- midwives	28		
Employed by voluntary bodies on behalf of the County Council:—			
Home-nurses	6	} 1,182	20,320
Nurse-midwives	1		
TOTALS	323	29,849	683,359

The following table summarises the reasons for which medical aid was sought during the year :—

<i>For the Mother</i>	<i>By Domiciliary Midwives</i>	<i>By Midwives in Institutions</i>	<i>Total</i>
Abnormal presentation	25	7	32
Abortions	34	—	34
Ante-partum haemorrhage	108	—	108
Placenta praevia... ..	2	—	2
Obstructed or delayed labour	153	12	165
Post-partum haemorrhage	54	—	54
Raised temperature	53	5	58
Retained placenta	29	5	34
Torn perineum	554	31	585
Ante-natal	129	4	133
Uterine inertia	18	2	20
Miscellaneous	140	8	148
	1,299	74	1,373
<i>For the Child</i>			
Prematurity and feebleness	64	5	69
Deformities	15	1	16
Inflammation of the eyes	123	—	123
Skin eruptions	5	2	7
Miscellaneous	130	—	130
	337	8	345
GRAND TOTAL	1,636	82	1,718

Notifications of the following occurrences were also received during the year:—

Stillbirth	70	22	92
Death of mother	2	—	2
Death of infant	9	4	13
Laying out a dead body	37	—	37
Liability to be a source of infection	24	2	26
Adoption of artificial feeding	159	624	783
TOTAL	301	652	953

GAS AND AIR ANALGESIA

At the end of the year under review, 262 of the 264 midwives and nurse-midwives employed either whole-time or part-time by the Council had received training in, and had the use of a Minnitts Gas/Air Apparatus. Of the 8,444 births attended as midwives and maternity nurses by these officers in 1951, gas/air analgesia was administered to 5,748 patients—approximately 68%.

The increase in the use of this form of relief from pain at domiciliary births within the administrative County since 1945, is shown by the following figures, which include births attended by midwives other than those employed by the Council.

<i>Year</i>	<i>Approximate % of Domiciliary Births at which gas/air administered</i>
1945	0.4
1946	4.0
1947	13.4
1948	30.7
1949	52.0
1950	63.8
1951	66.4

Note.—These figures take no account of cases in the Boroughs of Bromley and Gillingham up to 31st December, 1947.

USE OF PETHIDINE BY MIDWIVES

Midwives are now permitted to obtain and use Pethidine which assists in the relief of pain at childbirth.

During 1951, midwives acting as such, or as maternity nurses, attended 8,656 domiciliary confinements in 3,036 of which they used Pethidine.

MIDWIVES APPROVED FOR THE TRAINING OF PUPILS

A part of each pupil-midwife's training is received from a domiciliary midwife with whom she works for a period of three months attending patients in their homes. The scheme was operated during the year by 27 midwives employed by the Council and approved by the Central Midwives Board to provide this training in conjunction with the following hospitals:—

Pembury Hospital, near Tunbridge Wells
All Saints' Hospital, Chatham
West Hill Hospital, Dartford
Bexley Maternity Hospital, Bexleyheath
Kent and Canterbury Hospital, Canterbury

Blind Persons

The Health Department has continued to work in close co-operation with the Kent County Association for the Blind.

The blind population of the County at the 31st March, 1951, totalled 2,446, and an allocation of this total to an age-sex grouping is as follows:—

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0—1	1	—	1
1	1	—	1
2	1	1	2
3	1	4	5
4	—	1	1
5—10	13	9	22
11—15	10	7	17
16—20	14	17	31
21—30	53	41	94
31—39	61	38	99
40—49	95	96	191
50—59	151	146	297
60—64	116	106	222
65—69	128	150	278
70 and over	445	740	1,185
TOTAL	1,090	1,356	2,446

The following tabulation shows the action taken concerning the examination and registration of persons alleged to be blind, during 1951 :—

	Number of examinations	Certified blind		Not certified blind	
		Male	Female	Male	Female
NEW CASES :—					
Males	182	140	—	42	—
Females	243	—	197	—	46
RE-EXAMINATIONS :—					
Previously blind—still blind	49	22	27	—	—
Previously blind—now not blind	16	—	—	9	7
Previously not blind— still not blind	13	—	—	5	8
Previously not blind— now blind	16	5	11	—	—
Other cases (Transfers, certificates from hos- pitals, etc.)	40	18	22	—	—

ST. DUNSTANERS

The number of St. Dunstaners registered in this County is 78, of whom 48 are in employment, 3 are under training, 26 are unemployable and 1 is unemployed.

REGISTER OF BLIND PERSONS

As from the 1st October, 1951, the central register of the blind, the original of which had hitherto been kept by the Secretary of the Kent County Association for the Blind, was taken over by the County Medical Officer, but arrangements have been made to keep the Association informed of action taken in relation to blind persons.

The Blind Welfare Services provided are:—

HOME TEACHERS

There are 15 Home Teachers who regularly visit the registered blind persons, and keep in touch with those who are classed as partially-sighted. These Home Teachers, who had previously been seconded to the Kent County Association for the Blind, were brought under the direct control of the County Medical Officer as from 1st October, 1951, but their duties have been arranged to enable them to undertake certain enquiries and services for the Association. Those duties consist of reporting on new cases with a view to registration, and teaching Braille, Moon and pastime handicrafts in suitable

cases. This pastime work is taught either in the homes of the blind persons, or at special classes when the number attending justifies such arrangement. The Home Teachers have formed and in some cases attend social clubs, where an opportunity is provided for refreshment, education and games.

During the past year the Home Teachers made 19,198 visits, gave 837 lessons in Braille or Moon and 2,731 lessons in pastime handicrafts.

WORKSHOP EMPLOYMENT

There are 9 men and 5 women employed in workshops controlled by the following Associations :—

London Association for the Blind.

Blind Employment Factory.

Royal School for the Blind.

Royal London Society for Teaching and Training the Blind.

Royal Midland Institution for the Blind.

These workshop employees were occupied as follows :—

				M.	F.
Injection-moulders	...	...	...	1	—
Basket-makers	...	...	...	5	—
Brush-makers	...	...	...	1	—
Machine knitters	...	...	...	—	5
Boot repairer	...	...	...	1	—
Telephonist	...	...	...	1	—
TOTAL	...	...	...	9	5

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating machinery. The workers' actual earnings are augmented by a sum of 15s. a week, and additional supplementation as is necessary to bring the earnings plus augmentation, up to an agreed minimum wage; the augmentation and supplementation is paid by the Council.

HOME EMPLOYMENT

Arrangements are made that blind persons desiring to work on their own account are enabled to do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council. Such augmentation is paid at the fixed rate of £2 a week, provided that, subject to a minimum of 15s. a week, no worker receives a higher rate of augmentation than is necessary to bring the total of his or her earnings and augmentation to the sum of £5 10s. 0d. a week in the case of a man worker and £4 2s. 6d. in the case of a woman worker.

At 31st December, 1951, there were 70 persons in the Home Workers' Scheme—47 males and 23 females. The trades followed, and the number in each, were as follows :—

				M.	F.
Basket-makers	...	...	...	18	—
Brush-makers	...	...	...	1	—
Chair-seaters	...	...	...	6*	1
Hand knitters	...	...	...	—	2
Machine knitters	...	...	...	—	18
Mat-makers	...	...	...	4	—
Mattress-makers	...	...	...	1	—
Net-Makers	...	...	...	1	—
Piano-tuners	...	...	...	14	—
Braille copyists	...	...	...	2	2

* Includes one partially-sighted person.

Home Workers are supervised by the appropriate Association, the Home Teachers and District Officers of the Department, and receive assistance in the disposal of their products.

The Department has taken steps in consultation with the Ministry of Labour and National Service, with a view to obtaining suitable employment for blind persons in open industry, and for the provision of training facilities under the Disabled Persons (Employment) Act, 1944.

Ambulance Services

The ambulance services provided under Section 27 of the National Health Service Act, 1946, which came into operation on 5th July, 1948, continued to be operated during the year mainly by vehicles and staff directly provided by the County Council. In a few areas, voluntary agents provided service as agents of the Council. Sitting case cars were also available under the Hospital Car Service organisation.

On 5th July, 1948, the County Council became the sole authority for providing ambulance services in the Administrative County and at the commencement of this new service there were fifty-two ambulance stations providing services which were largely unco-ordinated. In order to achieve greater operational efficiency and economical working, the Council has followed a policy of reducing the number of ambulance service operational controls and at the end of the year the number had been reduced to twenty-seven, excluding the Joint Ambulance Service at Canterbury and two County Council Infectious Disease Ambulance Stations.

The reduction in the number of ambulance stations, the system of requesting transport for ambulant patients on a form which includes a medical certificate, instituted by the Council in November 1949, and the operation of a scheme of central co-ordination of non-local journeys have all contributed to improved control and operational economies. Other measures for improving the efficiency of the service are contemplated in the near future and these will lead to a further reduction in the number of ambulance stations.

The measures which have been taken to co-ordinate journeys are reflected in the following figures relating to the initial three months working in 1948 and the corresponding periods of 1950 and 1951:—

			<i>Patients</i>	<i>Mileage</i>	<i>Average miles per patient</i>
September quarter 1948	...	...	34,078	560,856	16.5
September quarter 1950	...	...	82,725	1,017,222	12.3
September quarter 1951	...	...	88,949	1,001,862	11.3

(The "Patient" figure for 1951 given above has been compiled on the same basis as the two previous periods and not on the revised basis as now required by the Ministry of Health.)

No change has occurred in the arrangements made (a) with the Canterbury City Council for the operation of a joint service to meet the needs of the County area outside the County Borough, (b) with that authority and the London County Council for the conveyance of patients suffering from typhus and smallpox and (c) with neighbouring local health authorities for the nearest ambulance to attend an emergency and, in one instance, to cover a remote district for general ambulance purposes.

Association with the County Fire Service consisted of the use of that Service's communications system for emergency ambulance calls and its maintenance and repair organisation in regard to the County Council's ambulance service vehicles. Service Van Mechanics equipped with specially fitted service vans undertake the servicing of the vehicles and minor repairs. Major repairs and large routine checks were mainly carried out, however, by commercial garages under the general direction and supervision of the Fire Brigade's technical officers.

A system of radio telephony was introduced in the Medway Towns on 1st December, 1950, the transmitter being sited at Blue Bell Hill, near Maidstone, and connected by direct land line to the control centre at the Rochester Ambulance Station. The system has been extended to the whole Mid Kent area, vehicles operating from the Maidstone, Northfleet, Sittingbourne and Sheerness Stations being linked with the Rochester Ambulance Station Control Centre.

Experience shows that the introduction of radio telephony into the ambulance service leads to economies and greater operational efficiency.

The Council has approved of an extension of radio telephony to cover the whole of the County and preliminary work on schemes for North West and East Kent has proceeded.

The fleet of County Council owned vehicles was again reviewed having regard to probable normal operational requirements, necessary replacements of County and Voluntary Associations' vehicles, proper vehicle maintenance and to economise as much as possible in repair costs and capital expenditure. So far as could be foreseen, the arrangements already made for the provision of new ambulances and large clinic type ambulances covered the requirements of these types of vehicles, but it is necessary to obtain forty new smaller clinic type ambulances during the next two years. Arrangements have been made accordingly.

The following statement shows the vehicle position at the end of the year:—

	<i>Ambulances</i>	<i>Clinic Ambulances and Sitting Case Cars</i>
Vehicles operated by the Council	127	62
County Vehicles loaned to Voluntary Associations	17	2
Vehicles owned by Voluntary Associations	13	1
	<hr/> 157 <hr/>	<hr/> 65 <hr/>

OPERATIONAL STATISTICS

AMBULANCE SERVICE VEHICLES

	1951	1950
Total Mileage	3,006,229	2,836,623
Number of journeys—		
Day	158,014	184,901
Night	7,363	8,016
Total	165,377	192,917
Number of patients carried	377,584	291,212
Number of emergency cases—		
Street	6,336	6,053
Other	7,005	7,134
Total	13,341	13,187
Number of Maternity Patients	8,425	8,086
Number of Transfers between Hospitals	9,259	8,319
Number of Hospital Out-Patients	290,565	208,152
Number of Admissions to Hospital	27,727	25,987
Number of Discharges from Hospital	24,983	23,156
Number of Infectious Diseases Patients	1,886	2,271
Number of Patients conveyed outside County	9,464	10,325

HOSPITAL CAR SERVICE

Total Mileage	888,683	1,048,169
Number of Journeys	23,432	33,366
Number of Patients carried	58,649	45,123

NOTE :

To meet the requirements of the Ministry of Health, as from 1st April, 1951, the basis on which "journeys" and "patients" are counted have been changed as follows :—

"JOURNEY".—The Ministry's definition is a vehicle's round trip from the place where it normally awaits orders back to that place. Previously a journey was reckoned to be from the place where the vehicle starts for one mission to the place where it starts for the next mission, whether the latter is its base or not.

"PATIENT".—The Ministry's definition is one patient carried once in one direction, that is, a patient taken to hospital and taken home again the same day counts as two. Previously such a patient counted as one, if brought back in the same vehicle.

An analysis of all emergency calls dealt with during one quarter shows that the average time taken to reach the scene of the emergency from the receipt of the call is 6.7 minutes. Having regard to the large rural area of the County this is very creditable.

Arrangements have continued to be made for placing the peace-time service on a war-time footing should the need arise. In the event of war, the Ambulance Section of the Civil Defence Corps would be integrated with the Council's normal Ambulance Service arrangements. This expanded service would function as a single unit for the conveyance of both war casualties and the ordinary sick persons. The planning of the emergency service is being dealt with on the basis of the instructions of the Ministry of Health. Progress has also been made in the training of Civil Defence volunteers allocated to the Ambulance Section.

Mental Health

The Health Committee through its Health Services Sub-Committee has continued to exercise responsibility for mental health matters centrally, whilst seven Area Sub-Committees continue to be responsible for detailed organisation. The Health Services Sub-Committee meets four times a year, and the Area Sub-Committees meet seven times a year.

A Senior Assistant County Medical Officer is responsible to the County Medical Officer for duties in connection with mental health services, principally in connection with mental deficiency. This officer receives part-time assistance from two whole-time Medical Officers, and certain of the whole-time Officers of the Regional Hospital Board continue to be available for consultation under the Mental Deficiency Acts.

There are 44 duly authorised officers working from 21 District Offices, and 2 supervisory district officers on the central staff who are also appointed duly authorised officers. These officers also undertake social welfare duties. 11 Mental Health Officers discharge duties in connection with mental deficiency, none of whom has recognised qualifications by examination.

At the Occupation Centres at Bromley, Erith, Gillingham, Maidstone, Gravesend, Folkestone and Tunbridge Wells, there are 7 Supervisors, 9 Assistant Supervisors and 3 Student-assistants.

The number of Home Teachers appointed for duties in connection with the Home Teaching Scheme for mental defectives is 8.

The project to re-open the Occupation Centre which was provided at Thanet before the War has again had to be postponed owing to the need for stringent economy in County expenditure.

No defined arrangements exist for the joint use of officers of the Regional Hospital Board and Hospital Management Committees in the supervision of patients discharged on trial from Mental Hospitals or on licence from Institutions for Mental Defectives. Such duties are normally discharged by officers of the Board, but 74 patients on licence were supervised by the Council's officers. Harmonious relations with the officers of the Regional Hospital Board continue.

28 patients under guardianship were supervised during the year by the Brighton Guardianship Society on behalf of the Council.

The Mental Hospitals have undertaken after-care duties for the majority of patients discharged from Hospitals. 71 patients have, however, received after-care service by the Council's staff.

Consultation between the Psychiatric Social Workers of the Mental Hospitals and the Council's officers on after-care duties continue as a regular practice.

During the year 4 Assistant Supervisors of Occupation Centres and 1 Home Teacher have attended a Refresher Course arranged by the National Association for Mental Health. Internal staff training has also been undertaken.

The Duly Authorised Officers have dealt with 1,318 patients under the Lunacy and Mental Treatment Acts.

Under the Mental Deficiency Acts 405 new cases were reported during the year, of which 14 were found not to be mentally defective. At the end of the year there were 259 mentally defective patients awaiting admission to Institutions. 110 patients were under guardianship, 1,184 under statutory supervision, and 726 under voluntary supervision. 378 patients were receiving training, of whom 248 were in Occupation Centres and 130 were provided for by the Home Teaching Scheme.

Residential Services

Only a few County Councils have arranged for the services provided under the National Assistance Act, 1948, to be administered by their County Medical Officers, and it is therefore unusual for the annual reports of these officers to contain reference to these services. In past years reference has, however, been made to the welfare services for handicapped people and it now seems appropriate to review the work in relation to the provision of residential services as they have developed since July 5th, 1948. It was, of course, no new thing in Kent for accommodation for old people to be provided in small Homes as well as in large establishments of the institutional type. Even before 1930 the Dartford Board of Guardians had provided two Old People's Homes and before 1948 the County Council had opened such Homes at Pembury Grange, near Tunbridge Wells, Sandhurst, Tunbridge Wells, and Kippington House, Sevenoaks. In 1944 the Council purchased Darenth Grange, near Dartford, and subsequently three houses at Kearsney, near Dover, for Old People's Homes. At this time the Council also decided that the former Medway Children's Homes, which were evacuated during the early part of the war, should not again be used for that purpose when they became available at the end of the war, but should be converted into a group of small Homes for old people. The Kearsney Homes providing 66 beds were opened in September, 1949, and Darenth Grange providing 50 beds in June, 1951. The Medway Homes having 144 beds will be ready for occupation during the summer of 1952.

The Health Committee in the proposals submitted to the Minister of Health under the National Assistance Act proposed a programme for the provision of up to 20 further Old People's Homes. The Health Committee is carrying out this programme and six new Homes have already been brought into full occupation with five more ready during the financial year 1952/3. The Council has also approved money for four further schemes for which the purchase of properties have either been completed or are in hand, and has approved the purchase of a site at Bexleyheath and the erection of a new Home of 50 beds, and another site in Penge. The carrying out of this programme has been delayed in recent months by the shortage of steel.

The existing, and future, Old People's Homes provided by the Council are, or will be as follows:—

<i>First provided by the Dartford Board of Guardians before 1930</i>				<i>No. of beds</i>	
The Mount, Wilmington...	...	...	...	32	
Manor Gate, Wilmington	...	...	...	29	61
<i>Opened before July, 1948</i>					
Pembury Grange...	...	...	...	37	
Sandhurst	...	...	...	29	
Kippington House	...	...	...	37	103
<i>Opened since July, 1948</i>					
Darenth Grange	...	...	...	50	
Kearsney Homes	...	...	...	66	
Lubbock House, Orpington	...	...	...	19	
General's Meadow, Walmer	...	...	...	38	
Oakhurst, Hildenborough	...	...	...	24	
Brendon, Cliftonville	...	...	...	27	
Blackburn, Sheerness	...	...	...	35	
Old Downs, Hartley	...	...	...	39	298
<i>Further Homes where the adaptations are in progress and which will be opened during the financial year 1952/53.</i>					
Eastry House, Eastry	...	...	...	23	
Court Royal, Tunbridge Wells	...	...	...	33	
East Hall, Maidstone	...	...	...	19	
Elmbank, Bromley	...	...	...	37	
Radley St. Peter, Tankerton	...	...	...	33	
Medway Homes	...	...	...	144	289
<i>Further schemes approved</i>					
Old Rectory, Smarden	...	...	...	31	
Bexley Vicarage (after extension) appx.				40	
Inglewood, Beckenham (after extension) appx.	...	...	...	40	
Selwood, Chislehurst, appx.	...	...	...	30	
Bexleyheath (new building) apprx.	...	...	...	50	191
TOTAL PROVISION					942

Notwithstanding the fact that between 1948 and March 1952, a total of 298 additional places in Homes were brought into use, the number of persons on the waiting list for admission has increased very considerably. For instance, in June 1949 there were 61 names on the waiting list. By April 1950 the number had risen to 134, by April 1951 to 161, and by December 1951 to 180.

The proportion of old people in the population is rising and must inevitably continue to rise because of the decline in the birth rate in past decades and the fact that, on an average, people are living longer. In 1911, 53 persons in every 1,000 of the population were over 65 years of age, but in 1947 this figure was 105 per thousand. It is clear that in future years the demand will increase for residential accommodation for the aged, and that the programme already described cannot be regarded as adequate to meet new needs.

As opportunity permits and money and materials become available the Health Committee is improving the older Homes by such measures as installing night lights and night call systems in the residents' bedrooms and substituting old institutional bedsteads by more modern types.

Less than 3% of the persons in Old People's Homes are in a position to pay the full charge for maintenance, which was £3 19s. 4d. a week for the financial year 1951/2. It is a requirement of Parliament that all the residents shall have a minimum of 5/- a week for their personal requirements, and the least that anyone pays towards the cost of their maintenance is 21/- or 25/- a week according to the amount of their retirement pension. The provisions of the National Assistance Act provide for savings and other means to be treated generously in assessing the amount to be paid by the resident. For example, no-one is called upon to pay the full rate if their savings are less than £400, and this figure is considerably higher where such savings come within the term of "War Savings". Under the Act provision is made whereby the Council can refer any question affecting the resources of a resident to the National Assistance Board for investigation. This power is used extensively with considerable advantage, and the greatest help has been received from the Board. In addition to the statutory

disregard of income, such as 10/6d. a week from superannuation allowances, the Health Committee gives further reliefs, i.e., 10/6d. a week is normally disregarded from annuities. The Health Committee has fully used its powers to make cash allowances to residents regularly helping in the running of the Homes, although the shortage of accommodation tends to restrict admissions to those persons who are too feeble to do much housework.

The following statistics prepared in January, 1952, show the infirm condition of most of the residents :—

“42% of the residents have actually to be bathed by the staff, while a further 49% need more than casual assistance in bathing: 10% cannot dress themselves and a further 17% need assistance in dressing: 13% need assistance in using the toilet: 10% need supervision or assistance at meal tables: 10% wet or soil their beds and 14% are liable to wet or soil their daytime clothing: 9% are apt to wander if not under supervision, excluding the 11% persons who are blind or have very defective vision: 19% cannot climb stairs and a further 13% always need assistance in climbing stairs: 17% suffer from heart complaints, a further 13% very abnormal blood pressure, plus 14% suffering from more than mild arthritis or rheumatism: 17% have to spend frequent short periods in bed while 8% are periodically confined to their beds for longer periods.”

Various amenities are provided for the residents by the Council including one free outing and twelve cinema shows in a year. So far as it is practicable, arrangements are made for the interchange of residents between the various Homes during the summer months so that they may have a short holiday. The Homes are regularly supplied by the County Library with books specially selected for old people. For some years before 1948 the Council started to change the type of clothing provided for old people from the institutional type of garment to that which would normally be bought in the shops by individual persons. It has not, therefore, been the practice for some years to hold stocks of clothing in the smaller Homes, and whenever a man needs a new suit his measurements are taken, he is consulted as to the type and colour of suit he requires, and one is ordered specially for him. The residents are encouraged to spend as much time as they wish on such work as rug-making, weaving, etc., although no compulsion is exercised. Various voluntary bodies give assistance by visiting the Homes periodically to give handicraft instruction. The articles produced by the old people are either used in the Homes or saved up for an annual sale of work. The residents are encouraged to visit the local Old People's Club and in one case a Club serving the village actually holds its meetings at the nearby Home. Everything possible is done to encourage local interest in the Homes both by private individuals and voluntary organisations, for example, most Homes are now served by trolley shops organised by voluntary organisations. The Health Committee holds the view that rules for the management of the Homes should be kept to the minimum, and in fact the only two rules made under the terms of the Act were those which are necessary in order to give effect to its provisions, viz., (1) to make cash allowances to persons regularly assisting in the running of the premises, and (2) requiring persons no longer qualified to receive accommodation, or who are otherwise unsuitable therefor, to leave the premises. No case has yet arisen whereby the second rule has had to be invoked.

The intention is that the Homes should, as far as practicable, be a substitute for the normal homelife of an old person. Interior decorations, furnishing schemes and pictures are based on a combination of making the rooms cheerful and at the same time restful. No more area of lawns, flower and kitchen gardens are maintained than is necessary for the actual needs of the Home, or a nearby Home where the garden is too small. In cases where larger areas of land have to be purchased with the premises, the surplus is let off for agricultural or market gardening purposes.

In addition to the accommodation in its own establishments, the Council has, in accordance with the provisions of the Sixth Schedule to the National Assistance Act, the right of user of beds in twelve former County Council Hospitals and Institutions which were transferred to the Regional Hospital Board on the 5th July, 1948. The much greater demand for such accommodation since 1948 has meant in several instances that beds in what were formerly known as the 'house' wards at those establishments are now used to a far greater extent than was ever experienced during the Public Assistance administration after 1930. In present circumstances it seems likely that it will be many years before complete relinquishment of such accommodation will be practicable. Under the present system there is a division of responsibility for old people needing residential care because when they are sick the Regional Hospital Board is responsible but when they are well the County Council must act. In light of this there are, of course, considerable advantages in these "joint-user" establishments because the Officers in Charge can transfer at their discretion persons from the residential accommodation to sick wards and vice versa. The line of demarcation between sickness and health is often blurred in old people and this arrangement assists the County Council and the Hospital Management Committee to use their resources for the greatest good. So long as this division of responsibility exists, and sometimes it is difficult to determine where responsibility rests, it seems that the joint-user establishment should remain as an essential feature of administration, and it is to be hoped that as time passes it will come to be regarded as something much more than the original idea of a temporary arrangement to end when the hospital authorities and the local authorities were able each to provide their own separate units of accommodation. In general the joint-user arrangement has worked extremely well in Kent. At Hill House Hospital, Minster, Thanet, the Health Committee was fortunate in being able to make extensive improvements to a large unit of Part III accommodation after requisitioning during the war. This unit, for 76 men and women, on two floors served by a lift, is arranged and furnished on the same standards as the smaller Homes. It clearly demonstrates that those persons who on account of infirmity and intermittent periods of illness are unsuitable to be cared for in the smaller Homes owing to the relatively small staff which is employed there, can and do appreciate the same standards. It has also shown that the old idea of strict segregation of the sexes is not necessary.

The accommodation at Regional Hospital Board establishments in use at the 31st March, 1952, was as follows:—

<i>Designation of Establishment</i>					<i>No. of Beds</i>	<i>Remarks</i>
<i>Prior</i>	<i>Subsequent</i>			<i>to 5th July, 1948</i>		
Thanet Inst. ...	Hill House Hospital ...	...	...	...	76	
Eastry Inst. ...	Eastry Hospital...	...	...	...	45	
Blean Inst. ...	Herne Hospital—old people ...	...	...	...	10	{ This accommodation is not being used for new admissions.
	epileptics ...	...	...	...	5	
Lyminge Hosp. ...	St. Mary's Hospital, Etchinghill	...	...	...	115	
West View						
Tenterden. ...	West View Hospital, Tenterden.	...	...	...	42	
Milton Inst. ...	Milton Regis Hospital ...	...	...	...	77	
County Hosp. Chatham	All Saint's Hospital, Chatham...	...	...	...	108	The larger part of this accommodation will be vacated in July, 1952
Coxheath Hosp. ...	Linton Hospital...	...	...	...	89	
Gravesend Inst. ...	St. James' Hospital, Gravesend	...	...	...	80	
County Hosp. Dartford. ...	West Hill Hospital, Dartford	...	...	...	75	
County Hosp. Orpington.	Orpington Hospital	...	...	...	66	
Sundridge Inst. ...	Sundridge Hospital	...	...	...	2	This accommodation is not being used for new admissions.
TOTAL					790	

Notwithstanding the large measure of co-operation which exists between the various statutory bodies responsible for the various measures of care of old people, there are frequently persons in whose cases doubt arises as to who must accept responsibility for residential care. In these border-line cases the services given by the Health Committee's medical officers are invaluable. Acting in liaison with the general practitioners and hospital medical officers speedy agreement can be reached as to the authority who should accept responsibility for the person concerned. It has not been necessary for the power given to Courts of Summary Jurisdiction to order the removal to suitable premises of persons in need of care and attention to be used to any great extent, and from 5th July, 1948, only 16 persons were admitted in this way to residential accommodation provided under the National Assistance Act. It is not only for old people that the Health Committee has to provide residential accommodation but the younger types of person who, for a variety of reasons require residential care under the Act; and these latter present difficulty in placement. Wherever possible the facilities available at special types of establishments, often run by voluntary organisations, are used. Other special classes of persons who wherever possible are sent to the appropriate type of establishment are epileptics, cripples, blind, the deaf and the dumb. The incorporation of the National Assistance Act work into the Health Department affords a valuable link between the former and the wide range of local Health services provided by the Council, such as the provision of domestic helps, where admission to an Old People's Home is either unnecessary or impracticable owing to shortage of accommodation, and rapid action for the ascertainment of suspected mental defectives.

The Health Committee has from the outset fostered good relations with the various voluntary organisations providing accommodation for old people, and some capital grants towards the cost of such Homes have been made. At the 31st March, 1952, arrangements existed with voluntary organisations covering 604 persons in Kent Homes, and a further 169 persons in Homes elsewhere in England and Wales.

The powers to make contributions to the funds of voluntary organisations providing recreation or meals for old people have been used fully, and agreement reached with the County District Councils Associations as to the division of the parallel powers shared by them and the Council.

The Health Committee is responsible for the inspection and registration of Homes for disabled or old persons carried on by private persons and voluntary organisations. The number of Homes registered at 31st March, 1952, was 75 with a total accommodation for 1,246 persons. In addition a further 12 Homes had at that time been inspected although formal registration had not been effected pending the carrying out of essential fire precaution measures. The statutory inspection and registration of these premises was new in July, 1948, although Nursing Homes had been subject to similar provisions for a number of years.

It was not known what conditions would be revealed by the exercising of these new powers but in Kent only in a small number of instances has it been necessary to have some minor improvements effected before registration. In general, the staff who have visited these Homes have been impressed by the amount of devoted care given to old people by private persons, many of whom are retired nurses, and often, although the Homes are technically run for profit, the amount of such profit must be quite small.

The problem that has given more difficulty than any other, and which incidentally is one which

was not visualised to any extent in 1948, is the provision of temporary accommodation for family units. Section 21(1)(b) of the National Assistance Act imposes a duty upon the County Council to provide temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, and a discretionary power to provide accommodation in such other circumstances as may, in any particular case, be determined.

When the Act came into force on 5th July, 1948, there were four families only provided with temporary accommodation. It had become the custom under the Poor Law administration from about 1945, in exceptional circumstances, to accommodate persons as family units instead of by the more orthodox procedure of admitting the mother and children to adult institutional accommodation and to Children's Homes respectively. The former Malling Institution was evacuated in 1940 owing to its proximity to Malling Aerodrome and had been requisitioned by the Royal Air Force. The premises were derequisitioned in 1946 and then stood vacant in an extremely derelict condition. Joint consultation took place between the Public Assistance and Public Health Committees as to the future user of the premises but the cost of their reinstatement was so considerable that no action was taken. As a temporary measure a few families were accommodated there after July, 1947 and early in 1948 a disused part of the Thanet Institution, which also had been requisitioned by the Services for the duration of the war, was first used for a similar purpose. It should be noted that the provision of this family accommodation did not attract a great demand during the Public Assistance administration which ended in July, 1948. For no particular reason that can be determined, the demand for temporary accommodation for family units began to increase immediately the National Assistance Act came into force and thereafter, whatever amount of accommodation was provided, it remained fully occupied. This state of affairs is clearly illustrated by the following statement of the number of families accommodated:—

<i>Date</i>	<i>Number of Families</i>			
July, 1948	4
October, 1948	10
January, 1949	10
April, 1949	13
June, 1949	17
October, 1949	20
January, 1950	48
April, 1950	49
June, 1950	50
October, 1950	49
January, 1951	49
April, 1951	50
June, 1951	52
October, 1951	52
December, 1951	49

Between October, 1949 and January, 1950, additional accommodation was provided both at the former Malling and Thanet Institutions (by then known as King Hill Hostel and Hill House Hospital, respectively) and it will be seen that at that time the number of families accommodated increased from 20 to 48. At the time this additional accommodation was sanctioned the view was expressed that it would be full within a matter of weeks, and this proved to be correct.

As already stated, the extent to which temporary accommodation for family units would be demanded was not foreseen in 1948, and this position is confirmed by the following extract from the Annual Report of the Ministry of Health for the year ended 1950, which was issued in October, 1951.

"It was originally anticipated that the demand for such temporary accommodation would come most frequently from people who found themselves without shelter by reason of fire, flood, or similar calamity. But, in fact, the great majority of those who sought temporary accommodation were families evicted from their homes. This use of temporary accommodation for a purpose for which it was not originally intended gave rise to difficult problems which, at the end of the year under review, were still being considered with the associations representing local authorities."

I first became directly concerned with the problem in May, 1951, when on the resignation of Mr. Moss from the County service, I assumed responsibility for the National Assistance Act work with which he had previously dealt. In a report submitted in June, 1951, I took the view that the question of the provision of temporary accommodation for homeless families was one of the most formidable social problems that the Health Committee had had to consider and one that did not admit of a facile or single solution. Families who became homeless could be grouped into four main classes as follows:—

- (a) Those who are rendered homeless through fire, flood or other such unforeseen and immediate emergency.
- (b) Those evicted at very short notice from furnished rooms, service tenancies or from their own homes after family difficulties.
- (c) Those evicted on a Court Order through no fault of their own.
- (d) Those evicted after Court proceedings for rent arrears, the committing of nuisances or being unsatisfactory tenants.

In practice, however, homeless families seemed to be divided into two groups:—

- (a) Those families for whom temporary accommodation only is necessary as they will, after

a relatively short period of time and through their own efforts, obtain alternative accommodation because they possess, and can retain in adversity, qualities of independence and self-respect that will not permit them to remain in the accommodation provided by the County Council.

- (b) Those families, who after having been provided with temporary accommodation by the County Council, will, because of their social and moral incapacity, be content to accept passively their lot and make no real effort to move elsewhere.

Attention was drawn to the length of stay in temporary accommodation of the large majority of families, the position at that time being:—

Over 2 years	...	...	...	6
Over 1½ years	...	...	...	12
Over 1 year	...	...	...	12
Over ½ year	...	...	...	12
Over ¼ year	...	...	...	1
Less than ¼ year	...	...	...	9

This clearly indicated that at least 4/5ths of the families were using temporary accommodation as permanent accommodation and I mentioned that no method of altering this position had, up to that time, been devised. The blockage in the temporary accommodation caused by the excessive length of stay of families accommodated created the position wherein, during the previous three months, of 57 applications received, accommodation had only been available immediately for eight while one more family was admitted at a date later than its first application. Arrangements were made for joint consultation between the Children's Committee and the Health Committee and after one meeting at County Hall to discuss the matter in general, a number of visits were made by a joint group of Members representing the two Committees to the temporary accommodation at West Malling and Minster and altogether 24 families were interviewed. In most cases, after giving the family a full hearing, the Members decided that they must leave the temporary accommodation, generally within three months, although a few special cases were deferred for further consideration at a later date. This action had a most salutary effect, not only in achieving the departure of a number of families, but by impressing upon all families the fact that the accommodation provided was only temporary. The following particulars of the rate at which it was possible to meet applications for temporary accommodation is of considerable interest, particularly the very great improvement which began to operate from October, 1951, when the first families left under the orders issued by the Members.

Date	Acceptance Rate
April, 1951	... 11%
May, 1951...	... 10%
June, 1951	... 21%
July, 1951...	... 10%
August, 1951	... 15%
September, 1951	... 19%
October, 1951	... 41%
November, 1951	... 56%
December, 1951	... 48%

This figure continued to increase and at the time of writing this report had become 100%

Without the co-operation of the Children's Committee in accepting, where necessary, children into care under the Children Act, 1948, no such improvement could be brought about.

The policy now operating is as follows:—

- (a) That subject to (g) below the Council should undertake to deal with all mothers and children of homeless families on the basis of provision of accommodation under Part III of the National Assistance Act, 1948, whether or not the circumstances could have been foreseen, for a period not exceeding three months. Immediately on a family entering such accommodation the parents should be informed of the temporary nature of the provision and thereafter reminded of the position at monthly intervals. Appropriate measures of rehabilitation should be undertaken.
- (b) That the Council should recognise that if after a period of three months residence in temporary accommodation under Part III of the National Assistance Act, 1948, the parents have not made other arrangements for the accommodation of their family, and it is then necessary for the Health Committee to discharge any such family from such accommodation, the intervention of the Children's Committee, if requested by a parent, is warranted under Section 1 of the Children Act, 1948.
- (c) That nothing in sub-paragraphs (a) and (b) above should be considered as preventing the Children's Committee from receiving a child into care at any time after the admission of a family to Part III accommodation if it is satisfied that circumstances so warrant.

- (d) That families discharging themselves from Part III accommodation before the expiration of the fixed period of three months should not be entitled to have their children forthwith received into care under the Children Act, but if they request further assistance within a period of twelve months from the date of their previous admission they should be offered re-admission to Part III accommodation for the unexpired portion of the fixed period dating from their first admission thereto.
- (e) That any family discharged from Part III accommodation at the expiration of the fixed period of three months and for a time making other arrangements for their accommodation should not be entitled during a period of twelve months after such discharge, to be re-admitted to Part III accommodation except for a period of not exceeding four days during which time appropriate steps should be taken under (b) or (c) above.
- (f) That all families who find their own accommodation after the Health Committee has discharged them from temporary accommodation shall be reported at the earliest possible date to the appropriate officers of the Council responsible under Home Office Circular 157/50 for co-ordination of arrangements for prevention of neglect or ill-treatment of children in their own homes.
- (g) That before admission to Part III accommodation is restricted to those families who become homeless in circumstances that could not reasonably have been foreseen there should be further consultation between the Children's and Health Committees.
- (h) Accommodation is not provided for men.

The Health Committee does not restrict the provision of temporary accommodation to those cases coming strictly within its statutory duty and uses discretionary powers to provide such accommodation even where the circumstances were foreseeable.

The revised arrangements for the provision of temporary accommodation are, at the time of writing, working well and a great measure of rehabilitation work is undertaken in the hostels. When a family comes into a hostel efforts are at once commenced to arrange with District Councils for housing accommodation and the full range of the Council's health and welfare services are utilised to assist.

TABLE 1.—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1951 (mid-year).

DISTRICT	Census 1951 (Preliminary Report)	Mid-year Home Population 1951 (as estimated by the Registrar General) *	Acreage, inclusive of Water	Persons per Acre
Urban—				
Ashford U.	24,777	25,090	5,657	4.5
Beckenham B.	74,834	74,880	5,937	12.7
Bexley B.	88,767	88,420	4,869	18.2
Broadstairs and St. Peter's U.	15,082	15,200	2,771	5.5
Bromley B.	64,178	64,550	6,513	10.0
Chatham B.	46,940	51,550	4,371	11.8
Chislehurst and Sidcup U.	83,837	85,150	8,959	9.6
Crayford U.	27,951	27,820	2,544	11.0
Dartford B.	40,544	40,050	4,233	9.5
Deal B.	24,276	24,100	2,903	8.4
Dover B.	35,217	35,150	3,765	9.4
Erith B....	46,263	46,010	3,860	12.0
Faversham B.	12,294	12,290	2,994	4.2
Folkestone B.	45,200	45,210	4,006	11.3
Gillingham B.	68,099	73,420	8,351	8.8
Gravesend B.	45,043	44,280	4,014	11.1
Herne Bay U.	18,298	17,680	8,566	2.1
Hythe B.	9,218	9,161	3,013	3.1
Lydd B....	2,774	2,702	11,932	0.3
Maidstone B.	54,026	53,600	5,976	9.0
Margate B.	42,487	41,730	6,960	6.0
New Romney B.	2,356	2,241	1,514	1.5
Northfleet U.	18,803	18,840	3,770	5.0
Orpington U.	63,344	62,850	20,842	3.1
Penge U.	25,009	25,370	770	33.0
Queenborough B.	3,137	3,111	1,103	2.9
Ramsgate B.	35,748	35,840	3,624	9.9
Rochester C.	43,899	43,700	3,744	11.7
Sandwich B.	4,142	4,349	2,137	2.1
Sevenoaks U.	14,834	15,370	3,716	4.2
Sheerness U.	15,727	17,590	943	18.7
Sittingbourne and Milton U.	21,904	21,920	4,935	4.5
Southborough U.	8,823	8,665	1,758	5.0
Swanscombe U.	8,295	8,527	2,142	4.0
Tenterden B.	4,225	4,174	8,946	0.5
Tonbridge U.	19,239	19,760	4,599	4.3
Tunbridge Wells B.	38,397	38,580	6,034	6.4
Whitstable U.	17,467	16,870	7,640	2.3
TOTALS—Urban	1,215,454	1,225,800	190,411	6.44
RURAL—				
Ashford, East	10,213	10,400	51,398	0.21
Ashford, West	10,042	10,090	39,455	0.26
Bridge-Blean	18,032	19,860	55,868	0.36
Cranbrook	13,788	14,620	41,315	0.36
Dartford	37,905	37,520	34,103	1.11
Dover	10,493	11,360	25,780	0.45
Eastry	22,788	23,200	54,276	0.43
Elham	9,119	9,043	36,676	0.25
Hollingbourn	16,564	16,500	56,796	0.30
Maidstone	18,072	17,980	34,709	0.52
Malling	36,334	36,510	45,655	0.80
Romney Marsh... ..	4,539	4,455	31,035	0.15
Sevenoaks	32,803	33,060	62,959	0.53
Sheppey	9,452	9,104	20,319	0.45
Strood	20,824	21,020	48,811	0.44
Swale	19,714	19,580	62,015	0.32
Tenterden	7,088	7,018	38,002	0.19
Tonbridge	22,284	22,240	41,687	0.54
TOTALS—Rural	320,054	323,560	780,859	0.42
TOTALS—County	1,535,508	1,549,360	971,270	1.60

* The figures given in this column are the home populations, including members of the armed forces stationed in the area : and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2.—Showing Deaths, Births and Infantile Mortality in the different Urban Districts of the County of Kent in the year 1951.

DISTRICT.	DEATHS.			BIRTHS.						INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Comparable Death-rate	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Comparable Birth-rate	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants under one year of age per 1,000 births.
Ashford U. ...	312	12.5	10.88	327	16	343	13.7	14.53	11	6	1	7	21
Beckenham B....	832	11.2	10.31	937	24	961	12.9	12.52	16	26	1	27	29
Bexley B. ...	849	9.7	11.45	1,081	50	1,131	12.8	12.04	21	26	2	28	25
Broadstairs and St. Peter's U.	234	15.4	12.02	172	8	180	11.9	13.81	2	5	—	5	28
Bromley B. ...	735	11.4	10.15	895	21	916	14.2	13.49	15	11	—	11	13
Chatham B. ...	605	11.8	12.75	768	52	820	16.0	17.76	23	28	2	30	37
Chislehurst and Sidcup U. ...	757	8.9	10.33	1,320	52	1,372	16.2	15.56	33	32	—	32	24
Crayford U. ...	266	9.6	11.62	370	17	387	14.0	13.02	9	7	1	8	21
Dartford B. ...	372	9.3	9.49	550	12	562	14.1	13.54	10	13	—	13	24
Deal B. ...	318	13.2	12.68	395	17	412	17.1	18.81	5	5	—	5	13
Dover B. ...	455	13.0	12.10	576	30	606	17.3	18.00	12	20	1	21	35
Erith B. ...	533	11.6	12.42	664	26	690	15.0	14.25	15	24	—	24	35
Faversham B. ...	150	12.3	9.60	169	6	175	14.3	16.45	4	5	—	5	29
Folkestone B. ...	619	13.7	11.79	650	51	701	15.6	16.07	18	15	1	16	23
Gillingham B. ...	814	11.1	11.88	1,002	63	1,065	14.6	16.79	33	28	2	30	29
Gravesend B. ...	488	11.1	11.55	668	34	702	15.9	16.38	9	20	2	22	32
Herne Bay U. ...	311	17.6	11.27	180	23	203	11.5	13.57	4	1	—	1	5
Hythe B. ...	147	16.1	11.27	106	7	113	12.4	14.26	1	4	—	4	36
Lydd B. ...	26	9.7	8.93	56	1	57	21.1	24.06	1	3	—	3	53
Maidstone B. ...	630	11.8	11.45	784	53	837	15.7	15.86	21	13	4	17	21
Margate B. ...	665	16.0	13.12	463	37	500	12.0	12.12	9	13	1	14	28
New Romney B.	37	16.6	14.11	39	6	45	20.1	19.90	3	2	—	2	45
Northfleet U. ...	222	11.8	12.63	298	7	305	16.2	16.20	4	11	—	11	37
Orpington U. ...	654	10.5	10.40	905	34	939	15.0	14.25	24	17	1	18	20
Penge U. ...	294	11.6	10.56	493	36	529	20.9	20.28	16	13	—	13	25
Queenborough B.	23	7.4	7.70	49	2	51	16.4	17.39	—	—	—	—	0
Ramsgate B. ...	553	15.5	13.33	490	34	524	14.7	15.29	15	16	1	17	33
Rochester C. ...	515	11.8	12.16	692	31	723	16.6	15.61	21	26	3	29	41
Sandwich B. ...	50	11.5	10.24	59	—	59	13.6	16.19	4	1	—	1	17
Sevenoaks U. ...	185	12.1	11.14	184	5	189	12.3	12.55	4	7	—	7	38
Sheerness U. ...	198	11.3	11.30	241	20	261	14.9	17.14	6	13	—	13	50
Sittingbourne and Milton U.	265	12.1	11.14	332	15	347	15.9	16.06	8	14	—	14	41
Southborough U.	115	13.3	9.85	144	3	147	17.0	18.36	2	2	—	2	14
Swanscombe U.	82	9.7	10.48	130	6	136	16.0	15.68	2	5	—	5	37
Tenterden B. ...	55	13.2	8.95	54	3	57	13.7	14.94	3	—	—	—	0
Tonbridge U. ...	264	13.4	11.53	252	6	258	13.1	13.89	8	6	1	7	28
Tunbridge Wells B. ...	644	16.7	11.03	457	15	472	12.3	12.67	11	7	—	7	15
Whitstable U. ...	326	19.4	12.23	217	13	230	13.7	16.31	4	6	1	7	31
TOTALS IN URBAN DISTRICTS	14,600	12.0	11.40	17,169	836	18,005	14.7	14.85	407	451	25	476	27

TABLE 3.—Showing Deaths, Births and Infantile Mortality in the different Rural Districts of the County of Kent in the year 1951.

DISTRICT.	DEATHS.			BIRTHS.						INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Comparable Death-rate	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Comparable Birth-rate	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants under one year of age per 1,000 births.
Ashford, East ...	144	13.9	10.43	133	4	137	13.2	14.13	2	6	—	6	44
Ashford, West ...	138	13.7	10.55	154	9	163	16.2	17.34	6	4	1	5	31
Bridge-Blean ...	200	10.1	8.29	256	14	270	13.6	16.87	6	4	2	6	23
Cranbrook ...	189	13.0	11.70	191	13	204	14.0	15.96	2	1	2	3	15
Dartford ...	427	11.4	11.40	555	21	576	15.4	16.17	12	12	1	13	23
Dover ...	113	10.0	9.10	176	8	184	16.2	19.44	1	5	1	6	33
Eastry ...	244	10.6	10.07	338	14	352	15.2	18.09	6	4	—	4	12
Elham ...	142	15.8	10.43	129	3	132	14.6	16.06	4	3	—	3	23
Hollingbourn ...	200	12.2	10.25	226	11	237	14.4	15.56	4	8	—	8	34
Maidstone ...	214	12.0	9.84	280	14	294	16.4	16.57	4	9	—	9	31
Malling ...	441	12.1	11.38	543	24	567	15.6	15.60	8	16	2	18	32
Romney Marsh	53	11.9	10.00	62	1	63	14.2	15.06	—	3	—	3	48
Sevenoaks ...	389	11.8	10.39	480	14	494	15.0	15.60	12	14	1	15	31
Sheppey ...	105	11.6	10.91	145	5	150	16.5	16.67	2	3	—	3	20
Strood ...	230	11.0	10.01	354	16	370	17.7	18.77	9	8	1	9	25
Swale ...	211	10.8	9.18	306	14	320	16.4	17.06	7	4	1	5	16
Tenterden ...	80	11.4	9.01	111	6	117	16.7	17.71	—	3	—	3	26
Tonbridge ...	292	13.2	11.98	346	21	367	16.6	16.27	5	12	—	12	33
TOTALS IN RURAL DISTRICTS	3,812	11.8	10.39	4,785	212	4,997	15.5	16.59	90	119	12	131	27
TOTALS IN URBAN DISTRICTS	14,600	12.0	11.40	17,169	836	18,005	14.7	14.85	407	451	25	476	27
TOTALS IN COUNTY... ..	18,412	11.9	11.07	21,954	1,048	23,002	14.9	15.20	497	570	37	607	27

TABLE 4.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent during the year 1951.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup).	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Poliomyelitis including Acute Polio-encephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping Cough	Dysentery	Chicken-pox	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infections										
Ashford U. ...	—	—	3	11	—	1	1	—	—	—	3	—	4	—	12	492	252	—	—	
Beckenham B. ...	—	—	4	84	1	11	3	—	—	—	3	3	65	3	48	1108	245	—	—	
Bexley B. ...	—	—	17	101	2	7	2	—	—	—	—	—	114	9	36	2209	440	5	37	
Broadstairs U. ...	—	1	3	29	—	—	1	—	—	—	—	—	10	2	25	133	86	—	385	
Bromley B. ...	—	—	7	47	1	51	—	3	—	—	—	—	88	6	52	1381	444	6	—	
Chatham B. ...	—	—	4	57	—	18	—	—	2	—	2	1	65	10	62	1183	396	46	—	
Chislehurst U. ...	—	—	10	161	4	2	1	8	—	—	2	1	88	9	51	1824	441	95	—	
Crayford U. ...	—	—	3	35	1	2	—	2	1	—	1	—	29	3	21	682	134	4	—	
Dartford B. ...	—	—	12	33	1	2	5	5	1	—	—	1	35	12	50	382	187	5	260	
Deal B. ...	—	—	1	8	—	1	—	—	—	—	—	—	24	2	15	434	142	2	—	
Dover B. ...	—	1	6	12	—	5	—	—	—	—	—	3	29	2	22	777	473	—	—	
Erith B. ...	—	—	5	45	3	1	—	—	1	2	2	1	64	4	40	1007	173	—	—	
Faversham B. ...	—	—	4	3	—	3	—	—	—	—	—	—	11	3	13	106	256	—	—	
Folkestone B. ...	—	2	13	24	—	9	—	—	—	—	—	1	34	1	105	850	323	1	—	
Gillingham B. ...	—	—	10	54	1	2	3	—	—	—	1	1	60	11	34	1663	419	10	—	
Gravesend B. ...	—	—	7	26	1	1	13	8	1	—	—	—	54	1	25	773	214	1	—	
Herne Bay U. ...	—	—	1	33	—	—	—	—	—	1	—	—	11	3	27	576	31	6	29	
Hythe B. ...	—	—	—	1	—	—	—	—	—	—	—	—	6	1	11	224	39	6	—	
Lydd B. ...	—	—	—	2	—	1	1	—	—	—	—	—	1	—	11	69	28	—	—	
Maidstone B. ...	—	—	3	53	1	5	—	—	—	—	—	—	43	4	13	309	324	1	119	
Margate B. ...	—	—	—	38	1	2	1	—	1	—	1	—	63	8	6	161	219	2	—	
New Romney B. ...	—	—	—	5	—	—	—	—	—	—	—	—	1	—	6	10	53	—	—	
Northfleet U. ...	—	—	4	5	—	—	9	—	—	—	1	—	20	—	20	335	100	—	—	
Orpington U. ...	—	—	14	94	4	5	8	53	—	—	4	—	51	5	143	1663	550	93	—	
Penge U. ...	—	—	7	43	—	—	—	—	—	—	—	—	50	2	10	468	107	5	—	
Queenborough B. ...	—	—	1	—	—	—	1	—	—	—	—	—	1	—	1	70	9	—	—	
Ramsgate B. ...	—	—	4	29	1	2	1	1	—	—	1	—	38	1	15	486	109	1	—	
Rochester C. ...	—	—	6	101	1	—	3	—	—	—	—	—	58	10	68	1108	396	28	—	
Sandwich B. ...	—	—	1	5	—	—	—	—	—	—	—	—	—	—	1	37	6	—	—	
Sevenoaks U. ...	—	—	—	13	—	—	1	1	—	—	—	—	10	2	4	253	60	—	—	
Sheerness U. ...	—	—	3	10	—	3	—	—	—	—	—	—	10	—	9	398	69	9	1	
Sittingbourne U. ...	—	—	6	18	—	3	6	—	—	—	—	—	15	2	1	226	219	—	—	
Southborough U. ...	—	—	—	5	—	—	—	—	—	—	—	—	4	—	1	41	41	—	—	
Swanscombe U. ...	—	—	—	12	4	—	—	1	—	—	—	—	7	—	20	133	76	2	—	
Tenterden B. ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	186	2	—	—	
Tonbridge U. ...	—	—	4	18	—	—	3	1	2	1	—	—	11	7	12	466	95	47	—	
Tunbridge Wells B. ...	—	—	7	41	—	8	1	—	—	—	—	—	17	6	21	453	376	25	—	
Whitstable U. ...	—	—	4	62	—	2	—	—	—	—	—	—	14	1	21	219	267	1	—	
TOTALS IN URBAN DISTRICTS	—	4	174	1318	27	147	64	83	9	4	21	12	1206	131	1032	22895	7801	446	830	2

TABLE 5.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent during the year 1951.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Poliomyelitis including Acute Polio-encephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping Cough	Dysentery	Chicken-pox	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious										
Ashford, East ...	—	—	—	8	—	—	—	—	—	—	1	—	4	1	11	257	51	1	—	—
Ashford, West ...	—	—	1	2	—	—	1	—	—	—	—	—	5	—	25	231	43	1	—	—
Bridge-Blean ...	—	—	1	21	—	1	1	—	—	—	—	—	26	4	42	272	79	3	—	—
Cranbrook ...	—	—	2	43	6	—	—	—	—	—	—	—	8	2	13	292	139	3	—	—
Dartford ...	—	—	4	27	2	1	4	—	—	—	—	—	20	8	32	637	121	—	—	—
Dover ...	—	—	—	2	—	1	—	—	—	—	—	—	5	1	6	156	76	—	—	—
Eastry ...	—	—	2	8	—	3	3	—	—	—	—	—	26	4	10	414	111	—	—	—
Elham ...	—	—	1	1	—	1	2	—	—	—	—	—	5	—	2	152	21	—	—	—
Hollingbourn ...	—	—	2	5	—	1	—	—	—	—	—	—	5	3	—	266	106	1	—	—
Maidstone ...	—	—	—	8	—	2	—	—	—	—	2	—	15	4	24	416	270	4	4	—
Malling ...	—	—	11	13	—	2	2	—	—	—	3	—	52	10	8	623	278	133	—	—
Romney Marsh ...	—	—	2	8	—	—	2	—	—	—	1	—	3	2	3	16	44	—	—	—
Sevenoaks ...	—	1	9	46	—	—	6	2	—	—	1	—	19	6	160	620	343	23	—	—
Sheppey ...	—	—	2	12	—	2	—	—	—	1	1	—	3	2	18	245	71	—	—	—
Strood ...	—	—	2	11	—	—	—	—	—	—	—	—	14	7	6	530	53	1	—	—
Swale... ..	—	—	—	14	7	3	1	2	—	—	—	—	12	3	11	334	287	4	—	—
Tenterden ...	—	—	—	5	—	—	1	—	—	—	—	—	—	1	—	248	7	—	—	—
Tonbridge ...	—	—	3	18	—	6	1	—	—	—	1	—	17	7	31	379	324	24	—	—
TOTALS IN RURAL DISTRICTS ...	—	1	42	252	15	23	24	4	—	1	10	—	239	65	402	6088	2424	198	4	—
TOTALS IN URBAN DISTRICTS ...	—	4	174	1318	27	147	64	83	9	4	21	12	1206	131	1032	22895	7801	446	830	2
TOTALS IN COUNTY	—	5	216	1570	42	170	88	87	9	5	31	12	1445	196	1434	28983	10225	644	834	2
DEATHS, 1951—																				
Urban	—	1	?	—	?	?	12	?	?	?	1	—	327	51	567	6	13	?	?	?
Rural	—	—	?	—	?	?	1	?	?	?	3	—	79	9	147	6	4	?	?	?
County	—	1	?	—	?	?	13	?	?	?	4	—	406	60	714	12	17	?	?	?

TABLE 6.—Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1951.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Leukaemia, aeleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes		
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																								
Asford U. ...	3	1	1	—	—	—	—	—	—	10	6	6	5	25	—	42	32	18	64	6	8	13	24	1	6	2	1	3	—	—	—	30	2	2	1	—	312	
Beckenham B. ...	10	1	4	—	—	—	—	—	3	21	16	12	7	73	3	3	110	38	172	25	20	34	27	11	5	—	7	7	—	—	—	61	8	14	7	—	832	
Bexley B. ...	21	4	1	—	—	—	—	—	1	24	40	20	5	70	3	5	110	102	131	32	8	37	68	10	11	—	9	6	—	—	—	73	5	12	2	—	849	
Broadstairs and St. Peter's U. ...	6	2	1	—	—	—	—	—	—	3	10	6	2	18	—	33	11	10	64	8	10	3	13	—	2	—	4	4	—	—	—	15	—	6	—	—	234	
Bromley B. ...	18	2	6	—	—	—	—	—	—	15	22	12	8	65	2	6	84	80	133	24	7	31	40	11	13	—	4	8	—	—	—	59	7	15	6	1	735	
Chatham B. ...	20	2	3	—	—	—	—	—	—	9	9	9	4	59	1	1	50	52	150	15	8	22	29	7	5	1	4	4	2	2	3	62	15	20	6	2	605	
Chislehurst and Sidcup U. ...	29	1	3	—	—	—	—	—	—	20	22	13	7	70	2	6	90	92	118	26	9	28	50	2	14	4	4	4	4	4	14	58	6	12	9	—	757	
Crayford U. ...	5	3	2	—	—	—	—	—	—	13	7	3	2	24	1	—	30	34	9	50	8	3	14	14	4	3	—	2	2	—	1	20	4	4	1	266		
Dartford B. ...	15	3	2	—	—	—	—	—	—	3	8	7	3	27	2	3	36	47	12	86	20	6	16	18	3	4	—	1	1	—	4	30	3	4	4	3	372	
Deal B. ...	8	2	2	—	—	—	—	—	—	8	5	5	2	25	2	6	47	26	7	62	15	6	14	18	2	4	—	2	3	2	2	43	2	13	4	4	1	455
Dover B. ...	7	2	3	—	—	—	—	—	—	12	7	7	2	41	5	3	57	55	14	79	18	15	23	23	3	4	—	4	4	1	5	39	—	8	1	—	533	
Dover B. ...	12	2	3	—	—	—	—	—	—	17	20	7	2	45	3	4	58	62	13	108	8	19	34	32	8	7	—	6	4	1	5	39	—	8	3	4	—	150
Erith B. ...	5	3	—	—	—	—	—	—	—	2	3	1	—	14	—	1	29	22	34	3	5	7	5	1	2	—	—	—	—	—	—	8	5	1	1	2	619	
Faversham B. ...	3	3	1	—	—	—	—	—	—	12	12	13	6	55	3	5	91	63	12	141	19	25	18	31	6	7	—	6	—	—	5	58	17	20	9	—	814	
Folkestone B. ...	23	4	3	—	—	—	—	—	—	24	14	8	11	62	4	5	94	60	25	186	28	10	27	55	8	11	—	6	6	1	5	80	3	6	4	—	488	
Gillingham B. ...	11	2	2	—	—	—	—	—	—	13	11	5	5	35	—	1	74	54	13	96	11	14	22	30	2	5	—	5	5	1	47	3	4	—	—	311		
Gravesend B. ...	6	1	1	—	—	—	—	—	—	6	4	5	1	26	1	2	52	39	10	63	12	6	10	21	3	5	—	2	2	—	25	1	4	3	—	147		
Herne Bay U. ...	4	2	—	—	—	—	—	—	—	4	3	5	1	10	—	1	10	15	4	52	1	1	4	10	—	—	—	3	3	—	1	9	1	3	2	—	26	
Hythe B. ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	3	6	—	—	—	1	—	—	—	—	1	1	—	5	8	11	4	1	630		
Lydd B. ...	11	1	2	—	—	—	—	—	—	17	11	9	8	50	2	3	78	62	11	146	24	20	15	37	3	9	—	8	3	—	3	65	8	11	4	1	665	
Maidstone B. ...	13	2	—	—	—	—	—	—	—	16	26	16	4	63	1	6	81	73	8	160	10	10	15	47	7	10	—	3	8	—	2	51	4	11	4	—	37	
Margate B. ...	1	—	—	—	—	—	—	—	—	1	—	2	2	3	—	6	—	2	6	49	9	3	5	16	2	4	—	2	1	—	6	18	3	4	6	1	222	
New Romney B. ...	3	3	1	—	—	—	—	—	—	6	2	3	1	13	1	1	30	17	6	20	25	10	41	35	11	7	—	7	7	—	5	59	10	14	6	—	654	
Northfleet U. ...	16	3	1	—	—	—	—	—	—	27	19	13	7	54	4	6	66	89	16	50	14	7	14	18	3	2	—	3	3	—	37	2	1	—	4	—	294	
Orpington U. ...	10	—	—	—	—	—	—	—	—	4	9	6	2	28	—	2	32	19	16	50	14	7	14	18	1	1	—	3	3	—	5	37	2	1	—	23		
Penge U. ...	17	1	—	—	—	—	—	—	—	1	1	1	1	3	1	1	3	1	101	12	12	17	37	4	6	—	2	2	3	—	4	60	6	8	3	—	553	
Queenborough B. ...	18	2	4	—	—	—	—	—	—	21	14	6	2	39	1	2	63	47	5	121	16	12	30	6	3	—	5	4	1	9	41	13	7	4	—	515		
Ramsgate B. ...	2	1	1	—	—	—	—	—	—	3	6	6	1	16	2	3	7	4	7	38	5	1	9	7	—	—	—	—	—	—	5	2	2	2	1	185		
Rochester C. ...	7	1	—	—	—	—	—	—	—	3	1	1	—	22	1	3	23	19	10	38	5	1	9	7	—	—	—	—	—	—	1	17	2	4	2	1	198	
Sandwich B. ...	3	1	2	—	—	—	—	—	—	11	6	3	2	13	1	3	20	23	5	78	5	6	8	13	5	4	—	2	2	—	2	19	3	4	2	—	265	
Sevenoaks U. ...	4	1	—	—	—	—	—	—	—	6	2	3	1	5	—	2	18	17	3	20	3	3	8	5	2	—	—	1	1	—	4	6	2	1	2	—	115	
Sheerness U. ...	—	—	—	—	—	—	—	—	—	2	1	—	1	6	—	1	12	8	1	12	8	1	6	4	—	—	—	—	—	—	4	9	1	1	4	—	82	
Sittingbourne and Milton U. ...	3	1	—	—	—	—	—	—	—	3	1	1	—	15	—	7	19	10	38	5	1	9	7	2	—	—	—	—	—	—	—	1	2	2	2	1	55	
Southborough U. ...	1	1	—	—	—	—	—	—	—	6	2	3	1	5	—	2	18	17	3	20	3	3	8	5	2	—	—	1	1	—	12	6	2	1	2	—	264	
Swanscombe U. ...	—	—	—	—	—	—	—	—	—	2	1	—	1	6	—	1	11	8	—	13	1	—	5	2	—	—	—	—	—	—	9	1	1	1	4	—	55	
Tenterden B. ...	—	—	—	—	—	—	—	—	—	1	1	2	—	3	—	12	1	2	13	1	—	5	2	4	—	—	—	—	—	—	2	25	1	4	1	—	264	
Tonbridge U. ...	4	1	1	—	—	—	—	—	—	4	6	3	5	29	1	—	36	26	13	40	13	5	17	8	4	4	—	1	3	5	2	59	8	15	7	—	644	
Tunbridge Wells B. ...	6	1	—	—	—	—	—	—	—	14	14	16	5	59	4	2	92	64	32	104	25	19	23	28	7	10	—	2	13	9	4	59	8	15	7	—	326	
Whitstable U. ...	4	1	—	—	—	—	—	—	—	10	12	5	3	29	3	—	34	48	7	65	21	7	7	13	3	3	—	4	—	—	28	1	6	—	—	—	—	
TOTALS IN URBAN DISTRICTS	327	51	49	1	13	1	12	6	34	393	371	243	127	1228	58	96	1846	1559	466	2953	484	299	567	831	140	173	58	153	130	18	117	1289	144	243	111	9	14600	

TABLE 7.—Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1951.

DISTRICT.	Malignant neoplasm				Other infective and parasitic diseases	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Tuberculosis, other	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
Ashford, East</

TABLE 8. SHOWING CAUSES OF DEATH AT DIFFERENT AGE PERIODS IN THE COUNTY OF KENT DURING THE YEAR 1951.

Age.	Sex	All Causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war					
												Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																											
AGGREGATE URBAN DISTRICTS	Under 1 year ...	M. 279	—	2	—	—	2	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	3	42	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	F. 197	—	1	—	—	4	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	19	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1 year and under 5 years	M. 60	2	3	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	8	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	5 years and under 15 years	M. 68	1	3	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	15 years and under 25 years	M. 36	—	2	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	25 years and under 45 years	M. 78	10	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	45 years and under 65 years	M. 60	13	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—		
	65 years and under 75 years	M. 353	63	7	3	—	—	—	—	—	—	3	5	—	—	—	—	—	—	—	—	—	—	—	6	14	7	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	
	75 years and over	M. 329	51	5	2	—	—	—	—	—	—	6	24	1	—	—	—	—	—	—	—	—	—	—	26	43	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	...	M. 1840	107	10	12	—	—	—	—	—	—	6	74	193	1	52	170	4	7	136	327	48	—	—	—	43	38	7	35	51	—	—	—	—	—	—	—	—	—	—	—	—	
AGGREGATE RURAL DISTRICTS	Under 1 year ...	M. 80	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	...	F. 51	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1 year and under 5 years	M. 21	—	1	—	—	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	5 years and under 15 years	M. 23	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	15 years and under 25 years	M. 10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	25 years and under 45 years	M. 25	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	45 years and under 65 years	M. 16	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
	65 years and under 75 years	M. 60	8	3	—	—	—	—	—	—	—	4	18	35	1	1	7	3	1	41	60	14	26	7	11	8	5	11	3	—	5	6	—	1	30	10	13	4	8	1			
	75 years and over	M. 415	18	3	—	—	—	—	—	—	—	—	26	7	—	—	—	—	—	—	—	—	—	—	—	2	1	5	11	3	—	4	9	—	1	43	1	2	1	—	—		
	...	M. 302	10	1	—	—	—	—	—	—	—	2	18	41	—	—	—	—	—	—	—	—	—	—	17	27	11	3	1	1	1	6	—	—	—	35	2	5	5	—	—		
All ages—Rural ...	M. 2039	53	7	4	—	—	3	3	1	5	10	62	75	—	—	193	7	10	232	208	67	348	77	56	74	111	25	28	13	24	37	—	—	17	182	37	48	20	2				
...	F. 1773	26	2	6	—	—	1	—	—	4	4	37	15	63	28	132	8	16	271	152	49	427	77	28	73	73	7	6	8	26	—	3	12	183	8	27	4	—	—				